



Name _____

UGA ID _____

Date of Birth _____

ALLERGY CLINIC REFERRAL

The following UHC guidelines establish requirements for our care, and are designed with your patient’s safety in mind.

- All vials must be clearly labeled with the patient name, date of birth, contents, dilution, and expiration date.
- Instructions must include build-up and maintenance schedule, dose, frequency, and directions for dose adjustments if needed for local reactions or if the patient is off-schedule.

Environmental / Food allergies:
Medication allergies:
History of systemic reaction from allergy injections:
Does patient require pre-medication? Name of medication:
Does patient require a peak flow? If yes, minimum required to receive an injection:
Include a copy of the <u>**Signed Informed Consent for Administration of Immunotherapy**</u> from your office.

Physician Name (please print) _____

Physician
 Signature _____ Date _____

Phone _____ Fax _____

Please fax/email: Allergy Clinic Referral form AND a copy of the ****Signed Informed Consent for Administration of Immunotherapy**. We require both of these forms before a student can be scheduled for an appointment in the Allergy Clinic.

** The informed consent is specific to each allergy office, and was signed by the parent/student when the decision was made to proceed with immunotherapy/allergy shots.

Mailing address: Allergy Clinic University Health Center University of Georgia
 55 Carlton Street Athens, GA 30602-1755

Phone: 706 542-5575 Fax: 706 583-8255 Email: allergytravel@uhs.uga.edu

Additional information about the Allergy Clinic at can be found at: www.uhs.uga.edu/services/allergy-clinic

Reviewed: 5/2019

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