

THE WILLIAM STORMS ALLERGY CLINIC And The Cough Center

COLORADO SPRINGS CLINIC

1625 Medical Center Point, Suite 190

APPOINTMENT HOURS

Monday	8:30am – 12:00pm & 1:30pm – 4:00pm
Tuesday	7:30am – 5:00pm
Wednesday	8:30am – 1:30pm
Thursday	7:30am – 5:00pm
Friday	8:30am – 1:00pm

SHOT HOURS

Monday	8:30am – 12:00pm & 1:30pm – 4:30pm <i>Closed for lunch from 12:00pm–1:30pm</i>
Tuesday	8:30am – 6:00pm
Wednesday	CLOSED
Thursday	8:30am – 6:00pm
Friday	8:30am – 1:30pm

Hours are subject to change with inclement weather and/or holidays

Please check www.stormsallergy.com for updates.

SATELLITE CLINICS

BROADMOOR CLINIC

1263 Lake Plaza, Suite 230

Mon. 8:30am–12:00pm
1:30pm–4:00pm

PUEBLO CLINIC

900 Indiana Ave, Suite C

Wed. 8:30am–12:00pm
1:30pm–4:00pm

CORDERA CLINIC

9320 Grand Cordera Pkwy, Suite 100

Wed. 8:30am–6:00pm

Monument Clinic

17230 Jackson Creek Pkwy #120

Thurs. 8:30am–11:30am
1:00pm–4:30pm

All Satellite Clinics available for Appointments & Shots



THIS IS A SCENT-FREE & NUT FREE OFFICE

Please refrain from wearing perfume, cologne, scented oils, scented lotions, body sprays, etc. as this may trigger another patient's asthma.

Also, due to the severity of nut allergies with some patients please do not bring any nuts or nut products into the office.

Thank you for your cooperation.



THE WILLIAM STORMS ALLERGY CLINIC And The Cough Center

1625 Medical Center Pt., Ste 190
Colorado Springs, CO 80907

Tel: 719.955.6000
Fax: 719.955.9595

www.stormsallergy.com

William W. Storms, MD

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www.stormspollen.com

ALLERGY IMMUNOTHERAPY INFORMED CONSENT

I have been advised by the physician and/or staff of The William Storms Allergy Clinic of the potential for the following adverse reactions that can occur as a result of allergy injections:

1. Local Reactions: May occur at the site of the injection and may consist of swelling, redness, and/or itching. Lotion, ice packs and antihistamines are used to help relieve these symptoms.
2. Systemic Reactions: These are more serious than local reactions and may be life threatening. They usually occur within 30 minutes of an injection.
 - ✎ Shortness of breath, wheezing or cough
 - ✎ Difficulty swallowing or throat tightness
 - ✎ Dizziness or fainting
 - ✎ Hives, itching, swelling of lips or swelling of tongue
 - ✎ Sudden onset of abdominal cramping or other GI symptoms
 - ✎ Anaphylactic shock (potentially leading to unconsciousness, brain damage and death)These require immediate treatment. Alert the clinic staff or go to the ER.

Please Initial:

- _____ I understand the information regarding local and systemic reactions above. My questions have been satisfactorily answered.
- _____ I understand that it is REQUIRED for my own safety to wait 30 minutes after every allergy injection to be within reach of immediate medical care in the event of a systemic reaction.
- _____ I understand that allergy immunotherapy is typically a three to five year commitment of regular allergy shots in order to achieve allergy desensitization.
- _____ I wish to begin immunotherapy and I agree to be financially responsible for extract and injections charges not covered by my insurance.
- _____ If, at any time, I believe my allergy shots are not helpful, I agree to see a Provider for a follow-up visit before stopping injections altogether.
- _____ If I am a female of child-bearing age, I will let the Storms Bowdish Allergy Clinic staff know if I am pregnant or may become pregnant while on allergy shots.
- _____ I am NOT on a beta-blocker medication, and I understand that I must inform the Storms Bowdish Allergy Clinic if this changes while I am on allergy shots.
- _____ I understand that patients under the age of 18 must be accompanied by a parent or guardian at every visit, unless other arrangements have been made to authorize emergency treatment in case of a reaction.

Patient's PRINTED NAME

Patient's SIGNATURE

Parent/Guardian signature (If patient is under 18)

Date Signed

Provider Signature

Date Signed

FIRST SHOT APPOINTMENT: _____

Updated 8/16

ALLERGY EXTRACT INJECTION SCHEDULE

THE WILLIAM STORMS ALLERGY CLINIC

1625 Medical Center Point, Suite 190

Colorado Springs, CO 80907

(719) 955-6000

Fax (719) 955-9595

Patient _____

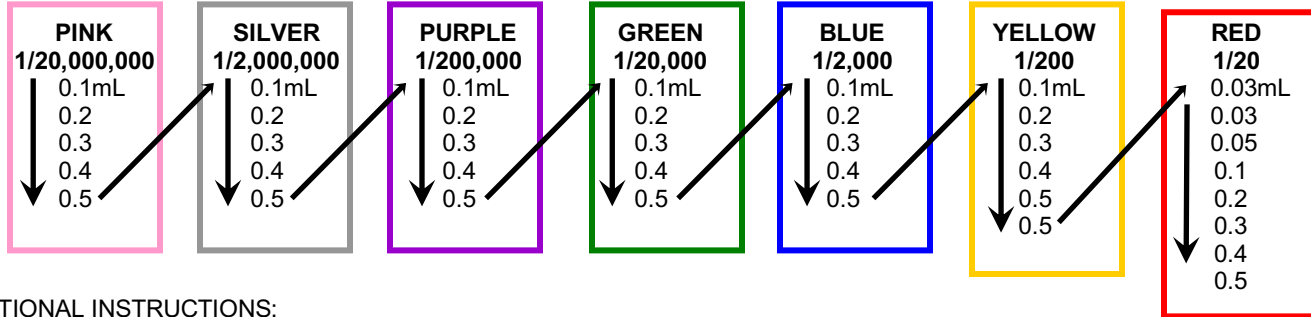
Date _____

ALLERGY EXTRACT No. _____ of _____

Contents: trees grass weeds dust mold dander dust mite crops

INJECTIONS SHOULD BE GIVEN ACCORDING TO THE FOLLOWING SCHEDULE:

1. Start injections at dilution indicated. Progress through each vial by giving each dose separately as directed by arrows. After reaching specific maximum dose for each of the vials, discontinue use of that vial and progress to the next vial. **Save previous vial**; it might be needed in case of a reaction or if there is a lapse in injections.



ADDITIONAL INSTRUCTIONS:

POSSIBLE REACTIONS

1. **LOCAL REACTIONS** are the most common type of reaction, and are characterized by itching, redness or swelling at the site of the injection. Such reactions usually appear within 20 minutes. Swelling is an important key to the next dosage. **A local reaction is treated with an oral antihistamine and application of an ice cube or cold pack.**
 - 1+ When the swelling is dime-sized or less, increase the dosage.
 - 2+ When the swelling is dime-sized to nickel-sized, repeat the same dose.
 - 3+ When the swelling is nickel-sized to quarter-size, the dosage must be reduced by at least 1 step.
 - 4+ When the swelling is greater than quarter-sized, the dosage must be reduced by at least 2 steps.
2. **SYSTEMIC REACTIONS** to any allergy injection may occur even after years of treatment. A systemic reaction is defined by signs or symptoms that occur distant from the site of injection: hives, aggravation of hay fever or asthma, or anaphylactic shock.
 - **INITIAL TREATMENT OF A SYSTEMIC REACTION** is with a subcutaneous injection of EPINEPHRINE. In children, give 0.01mL per kg, up to a maximum of 0.25mL. In adults, give 0.2 to 0.3mL depending on weight, age and cardiovascular status (recommended maximum dose for patients >45 years old is 0.25mL; for patients with cardiovascular disease, the maximum is 0.2mL). The dosage may be repeated in 15 minutes if necessary.
 - **IF A SYSTEMIC REACTION OCCURS, CONSULT OUR OFFICE FOR SPECIFIC INSTRUCTIONS BEFORE INJECTIONS ARE RESUMED.**

INTERVAL BETWEEN ALLERGY INJECTIONS

1-14	days	Move up according to schedule if there is improvement
15-20	days	Repeat dose
21-27	days	Reduce 1 full step
28-34	days	Reduce 2 full steps
35-41	days	Reduce 3 full steps
42-48	days	Reduce 4 full steps
49-56	days	Reduce 5 full steps (1 dilution)

If the patient is very sensitive, reduce dose more than the schedule

Beyond 8 weeks, reduce 1 step for each additional week.

Do not reduce below initial starting dose.

IF YOU HAVE ANY QUESTIONS ABOUT ANY OF THESE INSTRUCTIONS, PLEASE CONTACT OUR OFFICE BEFORE GIVING ANY INJECTIONS.

W. Storms, MD

RECORD ALL INJECTIONS AND REACTIONS ON THE REVERSE OF THIS SHEET

