STUDENT HEALTH CENTRE

UW Stout Student Health Services

Clinical Policy and Procedure

Version: 1.0

Effective Date: 11.5.2025

ALLERGY INTAKE FORM

Dear Allergy Provider,

Your patient has requested to continue their allergy injections at the Student Health Centre while attending the University of Wisconsin-Stout. The Nursing staff are happy to assist your patient in continuing the allergy injection regime you have ordered and would like your help in doing so.

Due to the number of different allergists offices we work with, we are asking you or your office representative to complete the attached UW-Stout, Student Health Centre Allergy Intake Form indicating how you would like us to handle certain scenarios. We are asking for this form to be reviewed and updated annually. In addition, we ask that the allergy serum vial(s) be clearly labeled with the following: Patient Name, Date of Birth, Content(s), Dilution Concentration, and Expiration Date.

Vials are accepted by drop off or mail Monday-Friday, 8am-4:30pm during the school year and Monday, Wednesday and Friday 8am-3:30pm during breaks, unless closed for a holiday.

Contact us at 715.232.1314 in advance to ensure the Student Health Centre will be open to alert our office of their pending arrival.

All shipped packages should be labeled “REFRIGERATION REQUIRED” and addressed as follows:

Student Health Centre - UW-Stout
103 1st Ave Menomonie WI 54751

Thank You,

Student Health Centre Nursing Staff

STUDENT HEALTH CENTRE

UW Stout Student Health Services

Clinical Policy and Procedure

Version: 1.0

Effective Date: 11.5.2025

Student Health Centre Annual Allergy Intake Form

Patient Name: _____ DOB: _____
Allergist Name: _____
Clinic Name: _____
Phone: _____ Fax: _____
Office Hours: (Allergy injections will only be administered when allergist is in clinic)
_____
Office Contact Person: _____

Allergy History

Diagnosis: _____
Allergy Injections Started: _____
Build up? Y/N, if yes, has the patient received 5 or more doses at your office? Y/N
Maintenance dose achieved? Y/N, if yes, date reached _____
History of systemic reaction? Y/N, if yes, explain _____
History of severe local reaction? Y/N if yes, explain _____
History of asthma? Y/N Other chronic health issues? _____
Date of last dose given in allergy office: _____ Reaction? _____

Orders

1. Epipen: Epi pen is required with each allergy injection at the Student Health Centre (allergist will need to prescribe Epi Pen)
2. Peak flows required? Y/N, if yes, please indicate peak flow measurements needed to proceed with injection
_____
3. Premedication: NOT REQUIRED / RECOMMEND / REQUIRED (circle one please)
    If required, how long in advance of injection should antihistamine be taken? _____
    Preference for antihistamine? _____
4. There are times when a student may come back to your office for their injections due to breaks, appointments, or other circumstances.
    Can vials be sent out with patients? Y/N
    Can vials be shipped overnight without ice? Y/N
    If yes, please indicate shipping address
    _____
    _____
    Any special instructions? _____
5. Ordering NEW extract:
    a. 2-3 weeks before vials run out_____
    b. After dose # _____
    c. Other, specify _____

Is patient signature required to order new vials? Y/N (if yes, please provide form)

Please provide an injection record with serum(s). Extracts should be clearly marked to correspond with orders. Contents of each vial need to be specified.

STUDENT HEALTH CENTRE

UW Stout Student Health Services

Clinical Policy and Procedure

Version: 1.0

Effective Date: 11.5.2025

Extract Information

Vial Name				
Dilution				
Contents				
Exp Date				

Dosing Orders

******Complete below or include with injection record***

Building Dose Schedule/Frequency	Maintenance Dose
_____ mL every _____ x _____ _____ mL every _____ x _____ _____ mL every _____ x _____ _____ mL every _____ x _____ _____ mL every _____ x _____ _____ mL every _____ x _____ Minimum days between injections: _____	_____ mL every _____ weeks New maintenance vial orders: _____ _____ _____

Late Injections

In considering students' school/work schedules, we strive to keep students on a consistent injection schedule. However, we recognize that sometimes students are unable to keep appointments due to illness, school breaks, travel, negligence, or other circumstances. We will not give shots if students are febrile, wheezing, have a respiratory infection, or not have an epi pen. To expedite the patient's care, please provide instructions on how we should proceed in any of the above mentioned circumstances.

Days since last dose _____ Action _____
Days since last dose _____ Action _____
Days since last dose _____ Action _____
Days since last dose _____ Action _____
Or other late dose instructions: _____

Local Reaction Adjustment

At next visit: Repeat dose if swelling is > _____mm and <_____mm

Reduce by one dose increment if swelling is >_____mm

Other orders_____

Physician Signature _____ Date _____