

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



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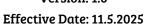
Stud	ent neath Centre Annual Allergy intake Form						
Patient Name:	DOB:						
Clinic Name:							
Phone: Fax:							
	nly be administered when allergist is in clinic)						
Office Contact Person:							
Allergy History							
Diagnosis:							
Allergy Injections Started:							
Build up? Y/N, if yes, 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 y	res, 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	e: Reaction?						
Epi Pen)	ich allergy injection at the Student Health Centre (allergist will need to prescrib						
3. Premedication: NOT REQUIRED /	RECOMMEND / REQUIRED (circle one please)						
	ce of injection should antihistamine be taken?						
4. There are times when a student m	ay come back to your office for their injections due to breaks, appointments, c						
other circumstances.							
Can vials be sent out with pati	ents? Y/N						
Can vials be shipped overnigh	t without ice? Y/N						
If yes, please indicate shipping	address						
Any special instructions?							
5. Ordering NEW extract:							
a. 2-3 weeks before vials run o	out						
c. Other, specify							
Is patient signature required to order	new vials? Y/N (if yes, please provide form)						

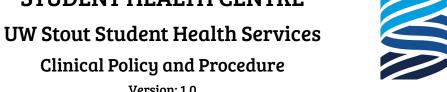
Please provide an injection record with serum(s). Extracts should be clearly marked to correspond with orders. Contents of each vial need to be specified.



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Extract Information						
Vial Name						
Dilution						
Contents						
Exp Date						
Dosing Orders ***Complete below or inc	lude with injecti	on record			I	
Building Dose Schedule/Frequency			Maintenance Dose			
mL every Minimum days between in Late Injections In considering students' so However, we recognize tha	x x x x x x x x x x x x x x x x x x x	lles, we striv	New main		s: stent injection s	chedule.
travel, negligence, or other infection, or not have an ep proceed in any of the above	circumstances. Voi pen. To expedit	Ve will not g e the patient	ive shots if	students are febrile	e, wheezing, hav	e a respiratory
Days since last dose		Action				
Days since last dose	/	Action				
Days since last dose						
Days since last dose						
Or other late dose instructi	ons:					
Local Reaction Adjustme	ent					
At next visit: Repeat dose i	f swelling is >		mm	and <	mm	
Reduce by one dose incre		>	mn			
Physician Signature		Date				