

Patient Name: _____

Acct. # _____

Checklist for Renewal of 95165

This checklist is *not* intended to take the place of an E/M visit. It is designed to demonstrate everything considered when a decision is made to continue allergen immunotherapy. There is space for comments which will be needed if changes in the vial are to be made. Actual changes in schedule should be reflected in the new vial order and not on this checklist. Use of this checklist does not replace the requirement to evaluate the patient in person.

1. Current Medication Use <input type="checkbox"/> Medication use for optimal control discussed with patient	5. If no evidence of benefit, injections are: <input type="checkbox"/> Continued (state rationale) <input type="checkbox"/> Discontinued <input type="checkbox"/> Patient needs allergy re-evaluation
2. Response to IT <input type="checkbox"/> Allergy symptoms improved <input type="checkbox"/> Allergy symptoms unchanged <input type="checkbox"/> Allergy symptoms poorly controlled	6. If immunotherapy >5-years, document justification for continuation (Form on JCAAI website)
3. Reactions to Injections <input type="checkbox"/> Local reactions <input type="checkbox"/> Systemic reactions	7. <input type="checkbox"/> All of the above have been considered in making the decision to continue immunotherapy.
4. Antigen Content of Vials <input type="checkbox"/> Antigen mix appropriate for current medical status <input type="checkbox"/> Antigen present at optimal concentration <input type="checkbox"/> Antigen content of vials needs to be adjusted	

Physician's Signature

Date