

CLINICAL INDICATIONS FOR ALLERGEN IMMUNOTHERAPY

Patient's Name:

Last Name: _____ First Name: _____ Middle Initial: _____

Medical Record #: _____

In patients with allergic rhinitis:

Symptoms of allergic rhinitis after natural exposure to aeroallergens, demonstrable evidence of clinically relevant specific immunoglobulin (IgE) antibodies and one of the following;

- Poor response to pharmacotherapy or allergen avoidance.
- Unacceptable adverse effects of medications.
- Desire to avoid long-term pharmacotherapy and reduce the cost of medication.
- Co-existing allergic rhinitis and allergic asthma.
- Possible prevention of asthma in children.

Comments:

In patients with allergic asthma:

Symptoms of asthma after natural exposure to aeroallergens, demonstrable evidence of clinically relevant specific immunoglobulin (IgE) antibodies, and one of the following:

- Poor response to pharmacotherapy or allergen avoidance.
- Unacceptable adverse effects of medications.
- Desire to avoid long-term pharmacotherapy and reduce the cost of medication.
- Co-existing allergic rhinitis and allergic asthma.

Comments:

In patients with reactions to hymenoptera sting:

- Any age: history of a systemic reaction to a hymenoptera sting (especially if the reaction was associated with respiratory or cardiovascular symptoms) and demonstrable evidence of clinically relevant specific IgE antibodies.
- Age: Over 16 years: History of a systemic reaction limited to the skin, and demonstrable evidence of clinically relevant specific IgE antibodies.
- History of a systemic reaction to imported fire ant and demonstrable evidence of clinically relevant specific IgE antibodies.

Patients younger than 16 years who present with a history of only cutaneous symptoms to hymenoptera stings may not require immunotherapy. If immunotherapy is required, comments are necessary.

Comments:
