



**TRANSFER OF CARE/IMMUNOTHERAPY TO  
NORTHWEST ASTHMA & ALLERGY CENTER**

|   |       |                                     |
|---|-------|-------------------------------------|
| Patient Name  |       | DOB                                 |
| ALLERGIST INFORMATION:<br>Name:   |       |                                     |
| Office #  | Fax # |                                     |
| <input type="checkbox"/> I would like my patient to continue allergy injections at Northwest Asthma & Allergy Center with my continued role as the primary allergist.<br><br><input type="checkbox"/> I would like to transfer care of my patient, including oversight of allergy care and allergy injections to Northwest Asthma & Allergy Center. |       |                                     |
| The patient has been receiving immunotherapy in my office since:  |       | Date _____                          |
| The patient has had a systemic reaction in the past.<br>If yes, please provide the date(s) and descriptions:<br>_____<br>_____  |       | YES    NO                           |
| Do you require the patient to pre-medicate before each shot?<br>If yes, please list medication(s) and minimum hours/minutes before shot(s):<br>_____<br>_____   |       | YES    NO                           |
| Do you require the patient to carry an epinephrine autoinjector on shot days?   |       | YES    NO                           |
| Does the patient have asthma?<br>Do you require a Peak Flow to be measured before shot(s)?<br>• Minimum Peak Flow to receive injections: _____  |       | YES    NO<br>YES    NO              |
| Does the patient have a cardiac condition?<br>Is the patient on a beta blocker?<br>Is the patient on an ACE inhibitor?  |       | YES    NO<br>YES    NO<br>YES    NO |

- Vials must be clearly labeled and correspond with the written instructions & dosage sheets.
- Please attach the following:
  - ✓ office visit progress notes – at least initial and last visit, list of medications and drug allergies, skin and/or lab test results, and spirometry results (if available)
  - ✓ recipe of antigen mix(es), including expiration date
  - ✓ allergy injection record(s)

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| <p><b>FAX TO: Northwest Asthma &amp; Allergy Center</b><br/><b>206-523-0724</b></p> |
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