University of Oklahoma **Health Services** Goddard Health Center 620 Elm Avenue Norman, Oklahoma 73019-3146 405-325-4611 (FAX) 405-325-7542

New Allergy Patient Checklist

	Patient Name	·		
		(Last	First	M.I.)
	Sooner ID: _			
Before beginning allergy inject	ctions at OU Hea	lth Services, ye	ou must complete	the following checklist:
☐ Be an established patient w	ith one of the pro	oviders at OU I	Health Services. I	f you have never seen a
provider at our clinic or it h		•	•	se schedule an
appointment with one of ou	ir providers prior	to your first al	lergy injection.	
☐ Have a current (not expired				ction appointment.
If you do not know how to	use your Epi-Per	n, we will be gl	ad to show you.	
☐ Have your allergy serum. S	Serum may be br	ought in by the	patient or sent di	rectly here by the
allergist.				
☐ Have current allergy record	. Before your fir	est injection, we	e must have a cop	y of your current
allergy record. If it has bee		•	•	•
Please note: We do not perf	orm "test" inject	ions at our clin	iic; they must be d	one by your allergist.
Read and Sign "Allergy Cl	inic Guidelines	and Patient A	greement " before	first injection
appointment.				
☐ Ensure "Letter to Allergy	Clinics" is comp	leted, signed b	y allergist, and ret	urned to our clinic befor
first injection.				
Dationt Cionatura		Dota		
Patient Signature:		Date:		
Nurse Signature:		Date	:	