### Patient Information (TO BE COMPLETED BY PATIENT)

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>DOB:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best contact #:</td>
<td>Other contact #:</td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
</table>

**Best Contact #:**

Can we share details with this contact about your medical condition in an emergency? **Yes** **NO**

### Emergency Contact Information- Alternate (Optional)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
</table>

**Best Contact #:**

Can we share details with this contact about your medical condition in an emergency? **Yes** **NO**

### Allergist Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>After hours/Back office #</td>
</tr>
</tbody>
</table>

### Medical Information Update

- **List current medications:**
- **List any medication allergies:**

**History of Asthma** **Yes** **No**

If yes, please describe:

**History of serious reaction to allergy injection:** **Yes** **No**

If yes, please describe:

**Any changes in health status in the past year?** **Yes** **No**

If yes, please describe:

**History of, or are now taking beta-blockers?** **Yes** **No**

If yes, which one:

- Beta-blockers (not all inclusive): Acebutolol (Sectral), Atenolol (Tenormin), Bisoprolol (Zebeta), Metoprolol, Nadolol (Congard), Nebivolol (Bystolic), Propanolol (Inderal LA)

---

**Onsite Provider Approval**

The Administration of Allergen Immunotherapy Form has been received in the Purdue Center for Healthy Living. I have reviewed the patient’s order for allergy injections and associated documents, have consulted with the patient, and approved the administration of allergy injections in the health center. The patient is cleared to make appointments for allergy injections.

---

**CHL Provider Printed Name**  
**Provider Signature**  
**Date**