

Informed Consent For Anaphylaxis

PA Allergy Relief Laser Center

Anaphylaxis: Anaphylaxis is a severe life threatening allergic reaction to food, insect bites, medication or latex. It can also be exercise induced. Anaphylaxis can lead to death.

Symptoms may include but are not limited to:

Face - Itchy eyes or nose, flushed face, swelling of tongue and lips, metallic taste

Skin - Itchiness, redness, hives, swelling of skin anywhere on the body

Throat - Itchiness, tightness, hoarseness, hacking cough, difficulty swallowing, choking

Lungs - Difficulty breathing, shortness of breath, repetitive coughing, wheezing

Stomach - Vomiting, nausea, stomach pain, diarrhea

General - Dizziness, unsteadiness, drowsiness, sense of impending doom, loss of consciousness

Initials:

_____ I understand that PA Allergy Relief does not treat nor claim to treat anaphylaxis or allergies that can cause anaphylaxis and I will not hold them responsible for any anaphylactic reaction that may occur due to an allergic reaction that causes anaphylaxis.

_____ I understand that anaphylaxis can be a life threatening reaction and I understand the symptoms of an anaphylactic reaction and will in no way hold PA Allergy Relief AT Lifeline Chiropractic Inc. responsible for a future anaphylactic reaction.

_____ If an EpiPen has been prescribed, I agree to carry an EpiPen with me at all times and will use it according to the manufacture's recommendations If I have allergic reactions that resemble anaphylaxis. I agree to keep my prescription up to date for my EpiPen.

_____ I agree that if I have any of the previous symptoms of anaphylaxis described above that I will follow the following procedures.

- 1) Administer epinephrine (adrenaline) injection immediately. Give a second dose in 10-15 minutes if reaction continues or worsens.
- 2) Call 911 and tell them someone is having a life-threatening allergic reaction
- 3) Go to the hospital immediately even if symptoms subside. Remain for observation 4-6 hours

_____ I agree to stay away from drugs, insects and chemicals that I know I am allergic to especially if they have caused anaphylactic episodes in the past. Even after Laser Allergy treatments are complete I agree to always inform doctors and hospitals if I am allergic to any drugs or foods.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

I have read or have had read to me the above explanation and the Laser Allergy and the related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and I have decided that it was in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment.

Patient Printed Name _____ **Date** _____

Patient Signature _____ **Dr. Signature** _____

The patient had the following questions and was supplied the following answers:

It is my clinical opinion this patient is oriented to time and space: YES NO

It is my clinical opinion this patient understands the language involved: YES NO