

Yale HEALTH

Welcome to the Yale Health Allergy Department. Yale Health's Allergy Department is for students who have Yale Health Hospitalization/Specialty Care coverage. Our department is staffed by three board certified allergists/immunologists, Florence Ida Hsu, MD, Elise Liu, MD, and Kaoru Harada, MD, and highly qualified allergy nurses.

If you have already begun allergen immunotherapy and want to continue to receive allergy injections while studying at Yale University we need the following information to safely provide your allergen immunotherapy. Please make an appointment with your home allergist to request the following:

- ☐ Immunotherapy extract with proper labeling, including student's name, date of birth, allergens present, and expiration date
- ☐ Shipping of your immunotherapy extract under cold storage
- ☐ A copy of your administration/injection record or flow sheet
- ☐ A copy of your allergy diagnoses and skin and/or blood test results
- ☐ A copy of your immunotherapy prescription
- ☐ A copy of the last office note from your allergist
- ☐ Yale Health Student Allergy Medical Treatment Plan completed and signed by your MD

Immunotherapy Extract

Your immunotherapy extract must be stored at the clinic.

To ship your immunotherapy extract please call 203-432-8797 for detailed instructions.

Allergy Injections

Call 203-432-8797 before you arrive on campus to schedule an initial appointment with the allergy nurse.

At your initial appointment, we will establish a schedule for your injections. Allergy injections are given by appointment on **Mondays, Wednesdays and Thursdays**.

We require all allergy patients to wait in the clinic for **30 minutes** after injections. All patients with a history of systemic reactions are required to carry an epinephrine autoinjector (i.e., EpiPen®) on the day of their injections. Please call us with any questions, 203-432-8797. We look forward to meeting you in the fall.

Fees and Copays

Students with Yale Health Hospitalization/Specialty Care coverage pay a \$25 copay for visits with the allergist. Students who waive Yale Health Hospitalization/Specialty Care coverage are not eligible for these services.

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Allergy Department
55 Lock Street
PO Box 208237
New Haven CT 06520-8237
Phone: 203-432-8797 Fax: 203-432-0095

Dear Doctor:

Yale Health has an allergy clinic where students who have begun allergen immunotherapy may continue to receive allergy injections while they are studying at Yale University. Your patient has received information about our clinic and the steps they need to take to ensure a smooth transition from home to college.

If you would like your patient to continue to receive allergy injections, please complete the attached medical information form. It is important for you to know that we require all patients with a history of systemic reactions to carry an epinephrine autoinjector (i.e., EpiPen®) on the day of their injections, so you may wish to prescribe this before the student arrives on campus. We also have a 30-minute waiting period following injections.

If you have any questions about our allergy clinic, please call 203-432-8797 to speak with one of us or any of our nurses. We are committed to working closely with you to ensure the safest allergen immunotherapy for your patient.

Sincerely,

Florence Ida Hsu, MD
Yale Health Allergy

Elise Liu, MD
Yale Health Allergy

Kaoru Harada, MD
Yale Health Allergy

<h1>Yale HEALTH</h1> <h2>Student Allergy Medical Treatment Plan</h2>		Due: August 31 Return by mail to: Yale Health Allergy New Student Forms 55 Lock Street New Haven, CT 06511
Last Name		First Name
E-mail	Phone	Date of Birth

Documentation to accompany this form:

- Diagnoses and skin and/or blood test results
- Administration/injection record or flow chart
- Immunotherapy Prescription
- Last Office Visit with Allergist (Note/Documentation)
- Additional Allergy Records (if applicable)

Immunotherapy Extract(s) to Administer

Vial	Contents	Concentration	Strength	Mix Date	Expiration Date
1					
2					
3					
4					
5					

History of Significant Reaction		
Date	Type of Reaction (local or systemic)	Treatment

Order for local reaction:

Order for missed or late injection:

Clinician Signature:	Telephone:	Date
Address:	Fax:	