



healthyhorns

University Health Services

Administration of Injectable Medication Information & Instructions from ordering Physician, NP or PA.

This form must be completed in full and submitted **with** a copy of the most recent office visit note, prior to starting injections at University Health Services (UHS).

UHS ALLERGY, IMMUNIZATION, and TRAVEL CLINIC INFORMATION:

Contact Information: Office 512-475-8301, Fax 512-471-7119

Mailing Address: UT Austin, University Health Services, ATTN: AIT Clinic, 100 West Dean Keeton STOP A3900, Austin, TX 78712

Location: Student Services Building (SSB) 2.102

PRESCRIBING PROVIDER INFORMATION:

Licensed (circle one): Physician Physician Assistant Nurse Practitioner

Texas License Number: _____

N/A not licensed in Texas

(UHS will assist students to establish with a local provider if their prescribing specialist is not authorized to practice in Texas)

Name: _____

Office Address (Street, City, State, Zip)

Office Phone Number

Office Fax Number

Office Hours

PATIENT INFORMATION:

Name: _____

Date of Birth: _____

Diagnosis for injectable medication: _____

Medication Name: _____ Medication Strength/Concentration: _____

Injection Dose: _____ Injection Frequency: _____

Route of administration (circle one below): Does pregnancy need to be excluded prior to administering this injection?

Intramuscular / Subcutaneous

Yes

No

N/A, Assigned Male at Birth

Provide instructions in the event that the clinic or patient's schedule may result in an early or late dose:

OK to give dose up to _____ days early. OK to give dose up to _____ days late.

***UHS nurses will hold the dose and contact you for further instructions if patient presents outside of this window.*

Provide additional precautions, screening or monitoring necessary prior to injection administration:

For all patients on immunomodulating therapy, including TNF alpha inhibitors or interleukin inhibitors:

Tuberculosis test result: N/A Attached

Vaccine records: N/A Attached

***including pneumococcal*

Per UHS policy when ill patients present for an immune suppressing injection:

- The injection will be held.
- The prescriber will be contacted for instructions regarding whether to hold, delay or proceed with the injection.

PHYSICIAN, NP, OR PA PRINTED NAME

PHYSICIAN, NP, OR PA SIGNATURE

DATE