

VITAMIN INJECTION CONSENT FORM

LAST NAME		FIRST NAME		TODAY'S DATE		
				MM	DD	YY
HOME ADDRESS			CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS			
OCCUPATION:		DATE OF BIRTH		GENDER		AGE
		MM	DD	YY	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
						MARITAL STATUS
						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP
EMERGENCY CONTACT NAME		PHONE		Permission to leave messages: <input type="checkbox"/> Y <input type="checkbox"/> N		EMPLOYER
PRIMARY MEDICAL PHYSICIAN NAME		PHONE		How did you hear about us?		

MOST IMPORTANT HEALTH CONCERNS, STARTING WITH THE MOST IMMEDIATE

1	4
2	5
3	6

USUAL HEALTH: EXCELLENT GOOD FAIR POOR **WEIGHT:** _____ **HEIGHT:** _____

Current MEDICATIONS used more than just occasionally:	<input type="checkbox"/> Laxatives	<input type="checkbox"/> Cortisone (inhalers, cream, oral)	<input type="checkbox"/> Nasal decongestants	<input type="checkbox"/> Diuretics
	<input type="checkbox"/> Tranquilizers	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antacids	<input type="checkbox"/> Blood thinners (coumadin, warfarin, heparin)
	<input type="checkbox"/> Pain relievers	<input type="checkbox"/> Hormones	<input type="checkbox"/> Sleeping pills	<input type="checkbox"/> Appetite suppressants
	<input type="checkbox"/> Thyroid medication		<input type="checkbox"/> Birth control pills	

Other prescription, over-the-counter MEDICATIONS and SUPPLEMENTS you take regularly	NAME	REASON	DOSE	START DATE	SIDE EFFECTS

Vitamin B12 Injection Information

This medication is given by injection into a muscle. We have discussed dosage and schedule of injections with you. Side effects from vitamin injections are rare, but may include; mild diarrhea, itching, temporary feeling of warmth and pain at the injection site. If any of these effects continue or become bothersome, inform your doctor. Notify your doctor if you experience; rash, severe swelling, dizziness, breathing trouble, congestion, tightness in the chest, pain in the groin or lower legs, swelling of the hands and feet, unusual weakness/fatigue, chest pain. An allergic reaction to this drug is unlikely, but seek immediate medical attention should one occur. If you notice other effects not listed above, contact your doctor.

PRECAUTIONS: You have informed us of any over-the-counter and prescription medication you are taking. You have told us if you have: eye diseases, infections, and any allergies, especially to cobalt. A preservative (benzyl alcohol) which may be found in the Thiamine B1 injectable, can infrequently cause serious problems if given in large amounts (more than 100 mg/kg daily) mostly to infants, nursing mothers and during pregnancy. Due to this, we always recommend the preservative-free methylcobalamin injection for those people. You are at liberty to discuss the risks and benefits with your doctor.

POSSIBLE SIDE EFFECTS

- A vitamin B12 shot is safe and generally has no side effects
- Some redness and swelling at the injection site may occur. This should start to get better within 48 hours
- In rare cases, B12 can cause diarrhea, peripheral vascular thrombosis, itching, transitory exanthema, urticaria, feelings of swelling of the whole body.

CONTRAINDICATIONS

- Sensitivity to cobalt and/or cobalamin
- People with chronic liver and/or kidney dysfunction
- Leber's disease, a hereditary optic nerve atrophic condition

Vitamin C Injection Information

- Vitamin C has natural skin clarifying properties, is a natural liver detoxifier, and can boost energy while providing an immune system boost.
- Vitamin shots can cause soreness up to several days after the shots including muscle tightness.

It is very important that you provide such information as any medications or over the counter drugs you are currently taking, disease processes you are currently suffering from or if you suspect that you are pregnant.

This is to acknowledge that I have been informed and I understand that:

1. I have read all the foregoing information and that I understand that the ultimate responsibility for my health is my own.
2. Any treatment or advice given to me as a patient is not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider.
3. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider.
4. I accept full responsibility for any fees incurred during care and treatment. I agree to fully discharge this responsibility at the time of the visit unless prior arrangements have been made.
5. There are some slight health risks associated with treatment. These include but are not limited to: allergic reactions to supplements or herbs; side effects of medications; pain, bruising, infection or injury from injections

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Check here to indicate that we can add you to our email list to receive information on health topics and specials!

Patient Signature / Signature of Guardian