



B12 Vitamin Injection Consent Form

Informed Consent

Name _____ Date of Birth _____

Number _____

As far as you know do you have any allergies, if you do please, specify

Have you ever had vitamin injection treatment before?

Are you pregnant or breast feeding? _____

Vitamin B-12 helps maintain good health and has been shown to be beneficial in helping to reduce stress, fatigue, improve memory, and cardiovascular health, and maintain a good body weight. It can also assist the body in converting proteins, fat, and carbohydrates into energy and is necessary for healthy skin and eyes. B12 injections are better absorbed by the body once they go directly into the blood stream. Alternatives to B12 injections are oral vitamins, B12 patch, lozenges, liquid drops, and nasal spray. B12 injections common side effects include but are not limited to:

Risk

I understand there is a risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headaches, and joint pain.

If any of these side effects become severe or troublesome I will contact my PCP immediately.

I understand that although rare, vitamin injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking vitamin injection should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B12 injections, and such side effects should be reported to a provider to be evaluated for seriousness.

Before starting vitamin injections, I will make sure to tell the provider and not perform the injection if I am pregnant, lactating or have any of the following conditions:

- Leber's Disease
- Kidney Disease
- Liver Disease
- Folic acid deficiency
- Receiving any treatment that has an effect on bone marrow
- Taking any medication that has an effect on bone marrow
- An allergy to cobalt or any other medication, vitamin, B complex dye, food or preservative, ascorbic acid USP, thiamine hydrochloride USP, riboflavin-5-phosphate sodium, niacinamide USP powder, panthenol USP (DL) powder, pyridoxine hydrochloride, cyanocobalamin powder, lidocaine hydrochloride USP, methionine USP (L) powder, Inositol FCC powder, choline chloride USP powder, sterile-water, lipotropic or sulfur.

I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and nonprescription medications may result in side effects when they interact with vitamin injections. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risk. I hereby give consent to perform this and all subsequent injections with the above understood. I hereby release the person injecting and facility from liability associated with this procedure.

I agree with the following statements

- I have been given enough information about the treatment I am to receive and informed about the procedure. I got the detailed explanation of the procedure I am to undergo. I understand the aims and objectives of the treatment completely. They have given me the opportunity to ask all remaining questions I may have about the treatment, and I answered them to the best of their ability. Having considered all aspects, I have decided to have this treatment of my own accord with sole intention the anticipated benefit from the same, provided by my provider performing the treatment procedure. I understand that I will not be able to sue the Nurse Practitioner in case of any complications or be entitled to a refund if I am not happy with my procedure. **Initial** _____
- The alternative treatments are considered by me and I selected that this treatment is the best one for me. **Initial** _____
- I have given enough time to consider this treatment and I have answered a detailed medical history form above to the best of my knowledge. **Initial** _____

Signature _____ **Date** _____

