

## B -12 Injections Informed Consent

\_\_\_\_\_  
Your First, Last Name

\_\_\_\_\_  
Your Date of Birth

\_\_\_\_\_  
Today's Date

**V**itamin 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 increase metabolism. It can also assist the body in converting proteins, fats and carbohydrates into energy and is necessary for healthy skin and eyes.

### **B12 Injections carry certain side effect risks**

*Carefully read the following and initial the information below.*

#### **Common side effects:**

I understand there is 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, headache and joint pain.

***If any of these side effects become severe or troublesome I will contact my physician immediately***

\_\_\_\_\_  
Your Initials

#### **Uncommon side effects:**

***I understand that Vitamin B-12 injections can rarely result in serious side effects.***

#### **Uncommon and potentially dangerous side effects include:**

- rapid heartbeat
- chest pain
- flushed face
- muscle cramps and weakness
- difficulty breathing and swallowing
- dizziness
- confusion
- tight feelings in the chest
- hives, skin rashes
- shortness of breath when there is no physical exertion
- unusual wheezing and coughing

***If such side effects should occur I will immediately go to the emergency room to be evaluated and treated or call 911***

\_\_\_\_\_  
Your Initials

**Before receiving a vitamin B12 injection I will make sure to tell Dr. Clark if I am pregnant, lactating or have any of the following conditions.**

- Leber's Disease
- Kidney disease
- Liver disease
- An infection
- Iron deficiency
- 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, dye, food or preservative

I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non-prescription medications may result in side effects when they interact with the B12 Injection.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

**By signing below**, I acknowledge that I have read the foregoing informed consent and agree to the injection(s) with associated risks. I hereby give consent to perform this and all subsequent B12 injections with the above understanding.

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Your Signature

Today's Date