

## B 12 Injections Informed Consent

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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, improve mood stability and help the body with metabolism.

B-12 injections go directly into the blood stream. Alternatives to B-12 injections are oral vitamins and liquid drops.

B-12 injections common side effects include but are not limited to: Mild diarrhea, upset stomach, feeling of pain and warm sensation or bruising at the site of the injections, a sense of being swollen, headache and joint pain.

Rare side effects, although anyone taking Vitamin B12 injections should be aware, and such side effects should be reported to a physician to be evaluated for seriousness: rapid heartbeat, chest pain, flushed face, muscle cramps and weakness, difficulty breathing and swallowing, dizziness, confusion, rapid weight gain, tight feelings in the chest, hives, skin rashes, shortness of breath when there is no physical exertion and unusual wheezing and coughing.

Before starting Vitamin B-12 injections, I will make sure to tell my physician if I am pregnant, lactating, or have the following conditions: Leber's disease (hereditary optic nerve atrophic condition), kidney or liver disease, an infection, iron deficiency, folic acid deficiency, receiving any treatment or taking any medication that has an effect on bone marrow, an allergy to cobalt, sulfa, any other medication, vitamin, dye, food or preservative.

Drugs that decrease the natural absorption of B-12: antibiotics, metformin, nicotine, birth control pills, proton pump inhibitors (such as Prevacid, Aciphex, Pantoloc, H-2 blockers, colchicine (to prevent gout), colestipol, potassium chloride. Certain nutritional supplements, prescription and nonprescription medications may result in side effects when they interact with the B-12 injection.

I understand that the recommended dose is 1 to 2 ML intramuscular, weekly, bi-weekly, or monthly.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to treatment with its associated risks. I hereby give consent to perform this and all subsequent B-12 injections with the above understood. I hereby release the physician, person injecting the B-12, and the facility from liability associated with this procedure.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_