

VITAMIN B12 INJECTION INTAKE & INFORMED CONSENT
Downtown Brampton Wellness Centre
205-118 Queen St. West, Brampton, ON L6X 1A5
905-451-3963 • downtownbramptonwellness@bellnet.ca • bramptonwellness.ca

Name			Date		
Address		City		Postal Code	
Home Phone	Work/Cell Phone	Email Address			
May we leave messages relating to your visits? Y / N			Which phone number? _____		
D.O.B. (D/M/Y)	Occupation	Gender M / F	Age	Marital Status	
Emergency Contact		Relationship		Phone	
Primary Medical Physician		Phone		How did you hear about us?	

MOST IMPORTANT HEALTH CONCERNS, STARTING WITH MOST IMMEDIATE:

1	4
2	5
3	6

GENERAL HEALTH: Excellent Good Fair Poor			Wt: _____		Ht: _____	
---	--	--	-----------	--	-----------	--

Do you ever frequently use any of the following MEDICATIONS	Laxatives / Tranquilizers / Pain Relievers / Thyroid Medication / Cortisone Antibiotics / Hormones/HRT / Nasal Decongestants / Antacids / Sleep Aids Hormonal Birth Control / Diuretics / Blood Thinners / Appetite Suppressants				

Other prescription, over the counter MEDICATION and SUPPLEMENTS you take regularly	Name	Indication	Start Date	Dose

VITAMIN B12 INJECTION INFORMATION

This medication is given by injection into a muscle. The dosage and schedule of injections will be discussed during the visit. 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, difficulty breathing, congestion, chest tightness or chest pain, pain in the groin or lower legs, swelling of the hands and feet or unusual weakness/fatigue. An allergic reaction to a B12 injection is unlikely, but seek immediate medical attention should one occur. If you notice other effects not listed above, contact your doctor.

IMPORTANT: You have informed your Naturopathic Doctor of over-the-counter and/or prescription medication that you are currently taking. You have also informed your ND of any existing health conditions including, but not limited to: eye, kidney or liver disease, blood anemias, bone marrow treatment, infections, any allergies- especially to cobalt; or if you are pregnant, suspect you may be pregnant or are lactating.

POSSIBLE SIDE EFFECTS: A vitamin B12 injection is safe and generally has no side effects. Some redness and swelling at the injection site may occur. This should resolve within 48 hours. In rare cases, B12 can cause diarrhea, peripheral vascular thrombosis, itching, transitory exanthema, urticaria, and swelling of the whole body.	CONTRAINDICATIONS include: <ul style="list-style-type: none">• sensitivity to cobalt and/or cobalamin• chronic liver and/or kidney disease/dysfunction• Leber's disease (a hereditary optic nerve atrophic condition)
---	--

INFORMED CONSENT

This is to acknowledge that I have been informed of the risks and benefits of undergoing this particular therapy and I agree that I have read all the foregoing information. I understand that any treatment or recommendations provided to me as a patient are not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider. I am at liberty to seek or continue medical care from a medical physician, surgeon or other health care provider. I accept full responsibility for any fees incurred during care and treatment and understand that payments are due when services are rendered. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, the patient, or as required by law. If required, I understand that my Naturopathic Doctor may discuss my case with other health care providers and that information from my medical records may be analyzed for research purposes and that my identity will be protected and kept confidential. I understand that I may view my medical record at any time and can request a copy of for an appropriate administration fee. I understand that results are not guaranteed. I do not expect the ND to be able to anticipate and explain all risks and complications of treatment. With this knowledge, I voluntarily consent to the aforementioned treatment. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw consent at any time.

Patient/Guardian Signature: _____	Date: _____
-----------------------------------	-------------