

Injection Therapy Questionnaire and Consents

5191 S. Yosemite St., Suite B, Greenwood Village, CO 80111

This questionnaire is in addition to the initial intake form (which must have been completed within the last two years).

Patient Contact Information

Name: _____ Date: _____

DOB _____ Age: _____ Male Female If minor, name of parent: _____

Cell #(_____) _____

Complete the information below if it has changed since completing the initial intake form:

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Employer: _____ Occupation: _____

Married or have a life partner? Yes No Significant other's name: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

2nd Contact: _____ Relationship: _____ Phone: _____

Whenever a needle is introduced through the skin, inherent risks are present. Although the risks are small, the expected benefit from the procedure must outweigh the possible risks. Make sure that you have a thorough understanding of the expected benefit from the injection. The risks of injection depend on where the injection is made and what is being injected. If the injection is made in a large muscle, the risk of hitting vital structures is very small. Injections in neurovascular bundles (where nerves, veins, and arteries travel together) have a higher risk of injury, and injections in the lung organs have a higher risk of injuring them.

The risks of injections are:

1. Infection: With the current standard procedure of sterile needles and antiseptic technique, this is a very small risk, but it still exists. Redness and swelling are the early signs of infection. Any redness or swelling should be reported immediately to avoid the more serious complications of sepsis (bacteria in the bloodstream) or osteomyelitis (infection of the bone).
2. Puncture of the nerves, arteries or veins: This risk varies greatly on the area of injection. This risk is very small when acupuncture point injections are made in the body of large muscles. In other places, where these structures are larger and run together, the risk is increased. A nerve may be permanently damaged, or bleeding may occur with the puncture of a vein or artery.
3. Puncture of lung or vital organ: Injections in the area of the chest could puncture a lung in which the serious complication of a tension pneumothorax could occur. In this condition, the lung leaks air into the lung cavity, progressively compressing the heart and lungs. The person becomes short of breath, which can advance to death if untreated. Puncture of other vital organs is extremely unlikely and depends on the site of injection.
4. Allergic reaction to injected substances: Allergic reactions to homeopathic substances have not been reported, and, are used to treat allergic conditions. However, the possibility still exists. An allergic reaction usually results in hives, but a lung reaction could occur with severe shortness of breath, or the most serious reaction of anaphylaxis. In anaphylaxis, this is the acute onset of shock, and this is a serious, life-threatening emergency that could result in death.

B12 Injection Therapy

Vitamin B12 can assist the body in converting proteins, fats and carbohydrates into energy and is necessary for healthy skin and eyes.

It also helps maintain good health and has been shown to be beneficial in helping to:

- Reduce stress
- Reduce fatigue
- Improve memory
- Improve Cardiovascular health
- Maintain good body weight

The body better absorbs B12 injections since they go directly into the bloodstream. Alternatives to B12 injections are Oral Vitamins, B12 Patches, Lozenges, Liquid Drops, and Nasal Spray.

B12 injection common side effects include, but are not limited to:

1. Risks: I understand there is a risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of injection, a feeling or a sense of being swollen over the entire body, headache, and joint pain
2. If any of these side effects become severe or troublesome, I will contact my physician immediately
3. I understand that although rare, Vitamin B12 injections can result in serious side effects. Although this condition is relatively rare, anyone taking Vitamin B12 injections should know 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 physician to be evaluated for seriousness. Uncommon and dangerous side effects include:

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|---------------------------------------|---|--|
| • Rapid heartbeat | • Hives, skin rashes | • Folic acid deficiency |
| • Chest pain | • Shortness of breath when there is no physical exertion and unusual wheezing and coughing. | • Receiving any treatment that affects bone marrow |
| • Flush face | • Leber's disease | • Taking any medication that affects bone marrow |
| • Muscle cramps and weakness | • Kidney disease | • An allergy to cobalt or any other medication, vitamins, dye, food or preservatives |
| • Difficulty breathing and swallowing | • Liver disease | |
| • Dizziness | • An infection | |
| • Confusion | • Iron deficiency | |
| • Rapid weight gain | | |
| • Tight feelings in the chest | | |

4. Before starting Vitamin B12 injections, I will make sure to tell my physician if I am pregnant, lactating or having any of the following conditions:
5. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non-prescription medications may have side effects when interacting with the B12 injection.
6. Treatments can be once a month, once a week, or twice a week, and they will be determined by the provider.

Injection Therapy Consents

I, _____, hereby request and consent to injection therapy on my body, in order to enhance the effect of stimulating an acupuncture point. I understand that I will only be injected with substances that fall within the scope of practice of Licensed Acupuncturists in Colorado. I understand the risks involved. I do not expect my practitioner to be able to anticipate all risks and complications. By signing this form, I agree to accept all risks and release all liabilities from my provider and Integrative Health Inc.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent injections, with the above understood. I hereby release the provider who administered the, and the facility from liability associated with this procedure.

X _____
Signature

Date