



B12 INTRAMUSCULAR INJECTION INTAKE AND CONSENT FORM

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Sex: M F (circle one)

Please circle if you have any of the following:

- | | | |
|------------------------|------------------------------|--------------------------|
| Fatigue | Low, depressed mood | Pernicious Anemia |
| Weight Issues | Irritability/moodiness | Heart Disease |
| Diabetes | Memory Loss/Alzheimer’s | Sleep Disorders |
| Osteoporosis | Tendonitis | Asthma |
| IBS/Inflammatory Bowel | Numbness or tingling of body | Pregnant or trying to be |

Possible Side Effects:

- Vitamin B12 injections are basically safe and generally have no side effects, even in higher doses
- Any redness or swelling should start to get better within forty-eight (48) hours
- In rare cases, B12 can cause diarrhea, itching, blood clots, redness, feelings of swelling, allergic reactions

Do Not Take B12 Injection If:

- You have a sensitivity to cobalt and/or cobalamin as this is a contraindication
- You are taking Chloramphenicol as it decreases the red blood cell producing properties of B12
- You have Leber’s Disease
- You have increased red blood cells or megaloblastic anemia

Informed Consent for Treatment:

I have read the information regarding risks and benefits of B12 and have had a chance to ask questions on the treatment. I understand the possible complications of injection therapy are minor bruising and bleeding at the injected sites, dizziness, headaches and possible fainting. *I understand clearly that there may be a slight chance for sensitivities and reactions to the B12 solution. I hereby release Dr. J. Matthew Jones from all liabilities regarding my treatment with B12 injections.

Patient Signature

Date (mm/dd/yyyy)

