

Vitamin B12 Injection

The practitioner will describe and discuss in detail the procedure including possible benefits and risks and answer any specific questions you may have. The practitioner will advise on what the expected outcome is likely to be in their professional opinion. However, results cannot be guaranteed and mild to moderate improvements may often be achieved.

If you are unfamiliar with any of the terms used or do not understand then ask for further explanation from the practitioner. You can take home a copy of the consent form, pre-treatment and post-treatment instructions to further research and consider the treatment and to discuss with third parties if you wish before deciding on the treatment.

Vitamin B12 helps maintain good health and has been shown to be beneficial in helping to reduce stress and fatigue, improve memory and cardiovascular health, and maintain a good body weight. It can also assist the body in converting proteins, fats and carbohydrates into energy and is necessary for healthy skin and eyes. B12 Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to B12 injections are Oral Vitamins, B12 Patches, Lozenges, Liquid drops and Nasal Spray.

B12 injection common side-effects include mild diarrhoea, upset stomach, nausea, a warm sensation at the site of the injection, a feeling of being swollen over the entire body, headaches and joint pains. If any of these side-effects become severe or troublesome, you will need to contact the clinic at the earliest opportunity.

Although rare, Vitamin B12 injections can result in more serious side-effects including a rapid heartbeat, chest pain, facial flushing, 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. Immediate medical attention should be sought if any of these symptoms occur.

Before starting vitamin B12 injections I confirm that I do not have any of the following conditions:

- Pregnancy/Breast feeding
- Leber's Disease
- Kidney or liver disease
- An infection
- Iron or folic acid deficiency
- Receiving any treatment or 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 injections. Treatments should not be undertaken more than 6 weekly although when initiating treatment, they can be more frequent.

Consent to treatment

I understand that Vitamin B12 injections are licensed for the prophylaxis and treatment of pernicious anaemia or other macrocytic anaemias associated with vitamin B12 deficiency and used off license for improvement in general health and wellbeing.

I have informed the practitioner of all my relevant medical history, any medication I have taken within the last 7 days and any known hypersensitivities and allergies. I confirm that if there are any changes in my medical status, I will inform the practitioner prior to treatment.

I have read and understood the information I have been given and received sufficient information to consent to treatment. I have been advised of the likely outcome, alternative treatments available and pre and post treatment instructions. I have been fully informed of the risks and possible side-effects involved specific to my own indications and medical history. My questions regarding the treatment procedure, its potential side-effects and contraindications (specific factors that make the treatment inadvisable) were answered to my full satisfaction. I assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure. I understand if I suffer any adverse reaction that is not expected, or concerns me, I must contact the clinic immediately. The practitioner or the clinic cannot take responsibility for complications or results that have not been reported, assessed, documented and managed when you become aware of a potential problem.

I confirm that written information regarding the treatment has been provided to me and I agree to follow all the pre and post-treatment protocols. I understand that photographs may be taken which will be part of your medical records. I confirm that I am aged 18 years or over.

I have had adequate time to consider my decision and I understand that I am free to revoke my consent at any time, prior to treatment, without the need to give any reason.

Any additional points that have been discussed (Specific risks, anticipated effect, estimated number of treatments needed, specific aftercare)

Name

Signature

Date

Practitioner