Rocky Mountain Natural Medicine

BIOGRAPHICAL INFORMATION FORM – (abbreviated) - Intramuscular Injection

Informed Consent for Intramuscular Injections

It is important that you read this information carefully and completely. Please read and sign this form before receiving your injection today. Parental consent is required for minors. If someone is translating for you, they must read you the form and you must sign.

This Informed Consent Form is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold consent for the procedure.

Intramuscular (or IM) injection involves the injection of a substance directly into a muscle. IM injections are used for particular forms of nutrients and that are administered in small amounts (1-3ml/cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. The doctor or medical assistant will administer the IM injection into one of two locations: 1) deltoid muscle (shoulder); or 2) gluteal muscle (upper outer buttock). You will have your choice of injection location.

Please consult with your physician or pharmacist before receiving any injections. Proper diagnosis and treatment of a medical condition requires a formal office visit with a medical physician. Thrombocytopenia (low platelet counts), coagulopathy (bleeding tendency), current use of blood thinning medications, current use of chemotherapeutic agents, Leber's Disease (a hereditary optic nerve atrophic condition), liver disease, and kidney disease are contraindications for B12 injections. A routine blood test is recommended at least yearly to assess proper organ function.

While no adverse reactions have been known to occur with any of the shot ingredients, there are risks and hazards related to the performance of any injection. These risks include pain, erythema (redness), local edema (swelling), bleeding, bruising, injection fibrosis (scar tissue formation), headache, lightheadedness, infection, and allergic reaction. Immediate medical attention may be necessary if you have a significant adverse reaction. Adverse reactions requiring immediate attention include, but are not limited to, fever of or above 101oF, chills, redness, drainage, or swelling at the injection site.

There is no guarantee, implied or stated, that the injection(s) administered will improve, reduce or eliminate any medical symptoms or conditions.

I hereby authorize Dr. German or Dr. Barker to perform intramuscular injection(s) with the nutrient and/or homeopathic injectables of my choice.

Signature_____ Date: ___/___/___

Cancellation Policy

Since appointments for B12 injections are relatively short, you will not be penalized for cancelling your appointment at any point. However, if you have no-showed 2 appointments, you will be charged the cost of the shot for the **3rd no-show** (\$25 on Tues/Thurs, \$20 on Friday.)

Signature_____ Date: ___/___/___

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Date: _____

Name (please print): _____ Age: _____ Sex: __ M __ F

Address: _____
Street and Number City State Zip

Date of Birth: _____

Primary Phone: _____ E-Mail: _____

As a patient at RMNM, you will receive our monthly email newsletter informing you of upcoming specials and events. You may choose ***not to receive this email newsletter*** *by checking here _____.*

How did you hear about our B12 Happy Hour? ☐ Advertisement ☐ Web Search

☐ Referral (Name)_____ ☐ Other (Specify)_____

What do you hope to achieve with a B12 injection? _____

Please indicate any allergies to medications or food and/or any history of injection reactions:

_____

Name and phone number for your emergency contact:_____

Health Concerns:

List in order of importance your primary health concerns &/or goals:

_____

_____

Your primary physician:

Physician's Name: _____

Address: _____

Phone #: _____

Medications/Supplements:

_____

_____

Any other information you feel is important to share:

_____

_____

PLEASE SEE REVERSE TO READ & SIGN CONSENT FORM

1030 Centre Ave. Suite B, Ft. Collins, CO 80526
970-237-1062