

PATIENT CONSENT FORM

This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of vitamin B12 injection. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment.

It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process.

What is Vitamin B12

Vitamin B12 is also known as Cobalamin, it is a water-soluble vitamin essential for both fatty acid and amino metabolism as well as DNA synthesis. It is vital for the normal functioning of the nervous system, myelin sheath production and red blood cell maturation and development.

Vitamin B12 deficiency has a broad presentation including fatigue, anaemia, multiple neurological and psychiatric signs and symptoms. Replacement of vitamin B12 is in the form of Hydroxocobalamin given by intramuscular injection. The prophylactic dose for prevention of B12 deficiency is 1mg every 2-3 months by intramuscular injection. The other form of B12 injection is called (MIC-B12) which is vitamin B12 combined with Methionine, Inositol and Choline, given as a combination injection intramuscular. The MIC- B12 combination is targeted to try and facilitate weight loss together with a healthy diet and regular physical exercise.

How is Vitamin B12 Administered?

An intramuscular injection of B12 is given into the Deltoid muscle in the side of the upper arm. The procedure is very quick, you may feel a short, sharp sting during the injection.

It is important that you see your doctor/GP if you suspect or display symptoms of B12 deficiency. It is important also to not exceed the recommended doses of B12. If your B12 injector is from a non-medical background, then your B12 injection must be prescribed by a doctor or prescribing nurse practitioner on a separate consultation appointment. A blood test to check your blood B12 level can be taken by your doctor/GP, the prescribing clinician may want to know your B12 level before going ahead with B12 prescription for you. If you have a known vitamin B12 deficiency, then investigation of the cause and replacement should be conducted by your doctor/GP only.

Risks and Side effects

You must be aware of the following side effects of intramuscular Vitamin B12 injection before commencing treatment. You must fully discuss any questions with your practitioner and prescriber before proceeding.

I understand the common side effects are pain during injection, redness, swelling and soreness around the injection site lasting up to a few days.

You may also experience some bruising around the injection site also. Some people can faint or feel faint with needles and injections, it is important to tell your practitioner as soon as possible if you feel unwell during or after the injection. Uncommon side effects include dizziness, headache, nausea, vomiting, hot flushes, skin reactions, chills, tremor, insomnia.

Rare side effects: include cardiac arrhythmias, thrombocytosis, hypokalemia (low blood potassium level). There is also a rare risk of allergic reaction or anaphylactic reaction to the B12 injection. In the event of anaphylaxis or any serious side effects, you would require emergency medical attention.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice.

This includes advice about:

- The aims/motivations for having the procedure and the desired outcome
- The risks inherent in the procedure
- The risks inherent in refusing the procedure
- The risks specific to me
- The expected benefits of the treatment
- The potential disadvantages of the treatment
- Alternative procedures and their pros and cons - including the option of no treatment at all
- Any uncertainties about and the likelihood of success of the procedure
- Any follow-up treatment that may be required

I request treatment with B12 or MIC-B12.

The injection of B12 or MICB12 has been explained to me and my questions regarding such treatment have been answered to my satisfaction.

The information given to me has been in clear terms and I understand the risks, benefits, possible side effects and complications of the treatment.

I certify that I am in good health.

I have read the information about the B-12 injection.

I have been asked what information I want and would need in order to make an informed decision.

I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision.

I certify that I have read the above consent and that I fully understand it.

I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction.

No new information has become available that affects my decision to have the treatment or my decision to consent.

I hereby consent to this procedure.

This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Please ensure you understand the potential complications and personal requirements of the B12 Injection procedure indicated below and please answer the questions.

Questions	Yes	No
Are you allergic to local anaesthetics, do you have. History of anaphylactic shock (severe allergic reaction) ?		
Do you suffer from known allergies, if so, please indicate on the space provided below.		
Have you taken oral retinoids (Roaccutane) in the last 12 months?		
Are you using topical retinoids /Vitamin A products?		
Do you have active acne with pustules?		
Are you taking Aspirin, Warfarin, other anti-coagulants treatments or any other medication or dietary supplements such as Omega -3 that can affect platelet function or bleeding time?		
Do you have or have you had any form of skin cancer?		
Are you taking/receiving steroid, chemotherapy or radiotherapy? Or any medication, if yes, please specific in the box below.		
Do you suffer from any of the following conditions: Diabetes, Angina, Kidney or Liver Disease, Epilepsy, Hepatitis, or Autoimmune Disease?		
Do you suffer from Keloid or Hypotrophic scars?		
Do you have a history of Herpes, Simples (cold sores) or other skin infections?		
Have you undergone a laser resurfacing or skin peel in the last 6 weeks?		
Are you pregnant or possibility of being pregnant?		
Are you breastfeeding?		
Will you refrain from intensive sunlight exposure and/or artificial UV exposure for a period of at least 2 weeks?		
Will you use topical sun protection products with an SPF 30+ or higher and with stated UVA/UVB protection on a daily basis with regular applications for same period?		

Known Allergies:

Additional Medication:

I confirm that to the best of my knowledge the information I have provided is correct and that there is no other medical information I need to disclose.

Title (Mr, Mrs, Miss, Ms)

First Name..... Surname:

Address:

Post Code:

Date of Birth:

Tel: Mobile:

Email address:

Signature:.....

Practitioners details;

Name:

Signature:

Date: