

Betaine HCL Injections Informed Consent

Client's name _____ Date _____

Betaine HCl helps maintain good health and has been shown to be beneficial in helping to: break down fats and proteins, aid in the metabolizing of certain vitamins, and help treat indigestion and heart burn. It can also be used to increase the levels of hydrochloric acid in the stomach to aid in the digestion of proteins.

Betaine Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, and Tablets.

Betaine Injections common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the 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 Betaine injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Betaine injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Betaine injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:
 - headache
 - nausea
 - diarrhea
 - rash
 - itching
 - swelling
 - dizziness
 - trouble breathing
4. Before starting Betaine injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.
 - Leber's Disease
 - Kidney disease
 - Liver disease
 - History of ulcers
 - Chronic gastritis
 - History of gastrointestinal problems
 - An infection
 - Iron deficiency
 - Folic acid deficiency
 - Dependent on intravenous nutrition (TPN) or liquid nutrition products for food

- Diabetes, mellitus, or high blood sugar levels
 - An unusual or allergic reaction other medicines, foods, dyes, or preservatives
5. 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 Betaine Injection.
6. Treatments: Will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Betaine Injections with the above understood. I hereby release the doctor, the person injecting Betaine, and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____