

## Selenium Injections Informed Consent

Client's name \_\_\_\_\_ Date \_\_\_\_\_

Selenium helps maintain good health and has been shown to be beneficial in helping to: act as an antioxidant, reduce the chance of diseases of the heart and blood vessels, decreasing the chance of stroke, and preventing various cancers. Some people use selenium to help treat an under-active thyroid, osteoarthritis, rheumatoid arthritis (RA), an eye disease called macular degeneration, hay fever, cataracts, gray hair, abnormal pap smears, chronic fatigue syndrome (CFS), mood disorders, arsenic poisoning, and preventing miscarriage.

Selenium 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.

Selenium 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 Selenium injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Selenium injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Selenium injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:
  - vomiting
  - nausea
  - diarrhea
  - fingernail weakening
  - hair loss
  - irritability
  - itching of skin
  - unusual tiredness and weakness
4. Before starting Selenium 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
  - Keshan disease
  - Liver disease
  - Stomach problems
  - An infection
  - Dependent on intravenous nutrition (TPN) or liquid nutrition products for food
  - Diabetes mellitus or high blood sugar levels

- An unusual or allergic reaction to any 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 Selenium 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 Selenium Injections with the above understood. I hereby release the doctor, the person injecting Selenium and the facility from liability associated with this procedure.

*Patient Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_