

Vitamin B Complex Injections Informed Consent

Client's name _____ Date _____

Vitamin B Complex helps maintain good health and has been shown to be beneficial in helping to: Reduce stress, 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. Vitamin B Complex is comprised up of specific amounts of the eight subtypes of vitamin B along with other neutralizing components which are proven to boost energy levels and vitality.

B Complex Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, B Complex Patches, Lozenges, Liquid Drops and Nasal Spray.

B Complex 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 Vitamin B Complex injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking B complex injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B Complex injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:
 - rapid heartbeat
 - chest pain
 - heart palpitations
 - flushed face
 - restlessness
 - 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.

4. Before starting B Complex 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
 - An infection
 - Iron deficiency
 - Folic acid deficiency
 - Receiving any treatment that has an effect on bone marrow
 - Taking any medication that has an effect on bone marrow
 - An allergy to any other medication, vitamin, dye, food or preservative
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 B Complex Injection.
6. Treatments: Can be once a month, Once a week, or Twice a week and 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 B Complex Injections with the above understood. I hereby release the doctor, the person injecting the B Complex, and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____