



Naturopathic Wisdom, Inc.
David Hogg, ND Naturopathic Doctor

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.

You have the right to be informed about potential risks, complications, and possible benefits involved so that you may make the decision whether or not to undergo the procedure. 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 (2-3cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. The Center doctor 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. Lidocaine will be used in shots that include B6 or B Complex.

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) and coagulopathy (bleeding tendency) are contraindications for intramuscular injections, as they may lead to bruising and/or excessive bleeding. 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 administered by this office, 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, 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 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. David Hogg, ND to perform intramuscular injection(s) with the nutrient and/or homeopathic injectables of my choice.

Print Name _____

Signature _____ Date: ___/___/___

Naturopathic Wisdom, Inc



**3880 S Bascom Ave, 107
San Jose, CA 95124 (408) 297-6877**

CONFIDENTIAL PATIENT INFORMATION – B12 Injections

PLEASE FILL IN ALL PORTIONS OF THIS FORM. IF YOU NEED HELP, PLEASE ASK

Today's Date _____

How did you hear about us? Yellow pages _____ Newspaper _____ Radio/Television _____
Internet _____ Location/Sign _____ Referred by (name) _____
Whole Foods (name) _____

First Name _____ M _____ Last Name _____ Age _____ Marital Status _____ Gender M / F

Permanent Address _____ Apt. _____ City _____ State _____ Zip _____

Temporary Address _____ Apt. _____ City _____ State _____ Zip _____

Phone (Permanent) _____ (Cell) _____ (Work) _____

Email _____ Email (alt.) _____

SS# _____ Birth date _____ Driver's License # _____

Occupation _____ How long? _____ Hrs/wk _____ Employed by _____

Work Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you _____ Phone _____

Name of spouse (or parent for minor child) _____ SS # _____

Occupation _____ Employed by _____ Work # _____

Whom may we contact in case of emergency? _____ Phone _____

CLINIC POLICY REQUIRES PAYMENT AT TIME OF SERVICES. I WILL BE PAYING TODAY BY:

CASH _____ CHECK _____ VISA _____ MASTERCARD _____

At time of payment, you will be given a copy of your superbill from our office. This will show the services and charges for that day.

I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and services, any fees for professional services rendered me will be immediately due and payable. Furthermore, any charges, fees, or court costs incurred as a result of collection efforts will be added to my account balance.

Releases may be requested prior to specific procedures being performed

Patient's Signature

Parent or Guardian's Signature

Date

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Today's Date _____ First Name _____ M _____ Last Name _____

BIOGRAPHICAL INFORMATION FORM – IM Injection

Personal History:

List Yes (Y), No (N), or Past (P) regarding the use of the following:

Antacids: Y N P	Steroids: Y N P	Smoking: Y N P	Packs per day / Number of years _____
Analgesics: Y N P	Laxatives: Y N P	Coffee: Y N P	Cups per day if Yes / Past: _____
Soda: Y N P	Ounces per day if Yes / Past: _____		
Alcohol: Y N P	How often & how much if Yes / Past: _____		
Any Alcohol Addiction: Y N P	Any Alcohol Treatment: Y N P		
Recreational Drugs: Y N P	Any Drug Addictions: Y N P	Any Drug Treatment: Y N P	

How did you hear about our B12 Happy Hour or who referred you? _____

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

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

Health Concerns:

List in order of importance your primary health concerns:

How long have these problems persisted?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Medical History

Your primary physician:

Physician's Name: _____

Address: _____

Phone # _____

List any major illnesses, hospitalizations and/or operations you have had (include year).

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Today's Date _____ First Name _____ M _____ Last Name _____

Medications

What medications are you currently taking?

Medications	Dosage	For What	How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supplements

List any supplements you are currently taking:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other information you feel is important to share:

