

# MERULLI ACUPUNCTURE & WELLNESS

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## INFORMED CONSENT FOR B-12 INJECTIONS

Vitamin B-12 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. B-12 Injections are better absorbed by the body since they go directly into the bloodstream.

B-12 Injections common side effects include but are not limited to:

1. Risks: I understand there is a 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-12 Injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Vitamin B-12 Injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of B-12 Injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:

*Rapid heartbeat	*Dizziness	*Tight feeling in chest
*Chest pain	*Confusion	*Hives, skin rashes
*Shortness of breath	*Muscle cramps	*Difficulty breathing/swallowing

4. Before starting Vitamin B-12 Injections I will make sure to tell my acupuncturist if I am pregnant, lactating or have any of the following conditions:

*Allergy to cobalt	*Iron deficiency	*Any bone marrow issues	*Folic acid deficiency
*Any infection	*Kidney disease	*Liver disease	*Leber's disease
*Allergy to any medication/dye/food	*Taking medication that has effect on bone marrow		
*EpiPen			

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-12 Injections.
6. Treatments can be once a month, once a week, and 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. 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-12 Injections with the above understood. I hereby hold harmless and release Desiree Merulli, L.Ac., EAMP, RYT, and the facility (Merulli Acupuncture & Wellness) from any liability associated with this procedure.

Name \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_