



VITAMIN B12 / ADRENAL / LIPOTROPIC INJECTION INTAKE

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (Cell) _____

Date of Birth: _____ (YYYY/MM/DD) Age: _____ Sex: M / F / _____

Occupation: _____ Email: _____

By providing my email, I agree to receiving clinic email reminders, health updates, promotions, etc.

In case of emergency, who should we contact: _____

How did you find out about our services? _____

What are your main complaints?

Please check if you have any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Low depressed mood | <input type="checkbox"/> Pernicious Anemia |
| <input type="checkbox"/> Weight issues | <input type="checkbox"/> Irritability/moodiness | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Trying to get pregnant |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Low Immunity | <input type="checkbox"/> Thyroid disorders | <input type="checkbox"/> IBS/Inflammatory Bowels |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Numbness or tingling of body | |

Benefits of B12 and Adrenal Injections

- More energy, mental alertness and stamina for everyday tasks
- Healthier immune systems
- Improves sleep
- Increases metabolism, thereby aiding in weight loss
- Reduces allergies, stress and depression
- Improves mood stabilization
- Lessens frequency and severity of migraines and headaches
- Helps lower homocysteine levels in the blood, thereby reducing the probability of heart diseases and strokes

Benefits of Lipotropic Injections

- Increases the Liver's ability to process/detoxify fat out of the body
- Releases fat from fatty tissue into the lymphatic system
- Decreases gas and bloating, improves digestion and bowel movements
- Increases metabolism, thereby aiding in weight loss

Possible Side Effects and Contraindications

- A vitamin B12, Adrenal or Lipotropic injection is safe and generally has no side effects, even in higher doses.
- Some redness, bruising and swelling at the injection site may occur. This should start to get better within forty-eight (48) hours.
- In rare cases, B12 can cause diarrhea, peripheral vascular thrombosis, itching, transitory exanthema, urticaria, feelings of swelling of the whole body and acne (as the body is detoxifying at higher levels).
- **Sensitivity to cobalt and/or cobalamin is a contraindication.**
- People with **chronic liver and/or kidney dysfunction** should not take frequent B12 injections; therefore we ask that you please provide us with a recent copy of lab work, which reflects liver and kidney function. This lab work is usually referred to as a metabolic panel. If you have not checked your lab work recently, we ask that you get a complete blood workup as soon as possible.
- Interactions with drugs: Chloramphenicol can impede on the red blood cell producing properties of B12
- Other drugs that decrease or reduce absorption of B12: antibiotics, cobalt irradiation, colchicine, colestipol, H2-blockers, metformin, nicotine, birth control pills, potassium chloride, proton pump inhibitors such as Prevacid, Losec, Aciphex, Pantoloc, and Zidovudine. If you are on these drugs, then B12 injections can help increase your body's B12 reserve levels.
- B12 is contraindicated in **Leber's disease** which is a hereditary optic nerve atrophic condition where one cannot see.

Informed Consent for Treatment

I have read the information regarding risks and benefits of B12 and the Adrenal Shot on the opposite page. I understand the possible complications of injection therapy are minor bruising and bleeding at injected sites, dizziness, headaches and possible fainting from the site of blood. I understand clearly that there may be a slight chance for sensitivities and reactions such as hives and itchiness to the solutions. I hereby release any Naturopathic Doctor providing the injections and the Clinic from all liabilities regarding my treatment.

I am also aware of the clinic's late cancellation policy of a charge of **50% of the visit cost** if I fail to give **less than 24 hours notice for cancellations. I will be responsible to pay that charge before I can re-book.**

Signature _____ Date _____
