

Rocky Mountain Natural Medicine

BIOGRAPHICAL INFORMATION FORM – (abbreviated) - Intramuscular Injection

Date: _____

Personal History:

Name (please print): _____ Age: _____ Sex: __ M __ F

Address: _____
Street and Number City State Zip

Weight: _____ Height: _____ Heritage: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail: _____

As a patient at RMNM, you will receive our monthly email newsletter informing you of upcoming specials and events. You may choose not to receive this email newsletter by checking here _____.

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 injection reactions:

Name and phone number for your emergency contact: _____

Do you currently have cancer and/or are you taking chemotherapeutic drugs? _____

Health Concerns:

List in order of importance your primary health concerns &/or goals: How long have these problems persisted?

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

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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Medications/Supplements

What medications are you currently taking?

Medications & Supplements

Dosage

For What

How Long

Any other information you feel is important to share:

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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 (1-3cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. The doctor or medical assistant 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.

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, 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, infection, 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. German or Dr. Barker to perform intramuscular injection(s) with the nutrient and/or homeopathic injectables of my choice.

Signature _____ Date: ___/___/___