



Injections (SQ/IM) Therapy Consent Form

(Initial) _____ I have informed the nurse and/or physician of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the nurse and/or physician of my medical history.

(Initial) _____ I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

(Initial) _____ I understand that:

1. The procedure involves inserting a needle into subcutaneous or muscle space and injecting the prescribed solution.

2. Alternatives to subcutaneous/intramuscular therapy are oral supplementation and / or dietary and lifestyle changes.

3. Risks of injection therapy include but not limited to:

- a. Occasionally: Discomfort, bruising and pain at the site of injection.
- b. Rarely: Inflammation of the site used for injection, phlebitis, metabolic disturbances, and injury.
- c. Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.

(Initial) _____ I am aware that other unforeseeable complications could occur. I do not expect the nurse(s) and/or physician(s) to anticipate and or explain all risk and possible complications. I rely on the nurse(s) and/or physician(s) to exercise judgment during the course of treatment with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

(Initial) _____ I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance.

My signature below confirms that:

- 1. I understand the information provided on this form and agree to the all statements made above.
- 2. Injection therapy has been adequately explained to me by my nurse and my prescribing physician.
- 3. I have received all the information and explanation I desire concerning the procedure.
- 4. I authorize and consent to the performance of injection (SQ/IM) therapy.

Patient's Printed Name and Date of Birth

Patient's Signature and Date

Registered Nurse's Printed Name

Registered Nurse Signature and Date
