MIDWEST INTEGRATIVE HEALTH LLC

MIH - Joint Injection Consent

Joint Injection Consent

Purpose of Procedure:

You have elected to receive a corticosteroid (steroid) injection into one or more joints to help reduce inflammation and alleviate pain caused by conditions such as arthritis, bursitis, or tendinitis. This form provides information about the procedure, risks, alternatives, and your rights.

Procedure Description:

Steroid joint injections involve the placement of a needle into the affected joint space to deliver a corticosteroid medication, often combined with a local anesthetic. This treatment is intended to decrease inflammation and improve joint function and comfort.

Potential Benefits:

• *Reduction in pain and inflammation*

• *Increased range of motion*

• *Improved quality of life*

• *Possible delay in the need for surgery*

Possible Risks and Side Effects:

While complications are rare, the following risks are associated with steroid joint injections:

• *Pain or discomfort at the injection site*

• *Infection*

• *Bleeding or bruising*

• *Allergic reaction to the medication*

• *Temporary increase in pain*

• *Nerve damage (rare)*

• *Thinning of skin or soft tissue near the injection site*

• *Temporary increase in blood sugar levels (especially in diabetic patients)*

• *Adverse reaction to anesthetic or steroid*

• *Joint damage with repeated use*

Alternatives to This Procedure:

• *Oral or topical medications*

• *Physical therapy*

• *Lifestyle modifications (e.g., weight loss, exercise)*

• *Bracing or assistive devices*

• *Surgical options (depending on condition)*

You have the right to discuss alternative treatments or refuse the injection altogether.

Pregnancy and Breastfeeding:

If you are pregnant, planning to become pregnant, or breastfeeding, please inform your practitioner before proceeding, as corticosteroids may affect fetal or infant health.

Patient Acknowledgment and Consent:

By signing below, I acknowledge that:

I have read or had this form read to me and understand the information provided.

I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I understand the risks, benefits, and alternatives of steroid joint injection therapy.

I understand that no guarantees have been made regarding the outcome of this treatment.

I understand that I am financially responsible for the fees associated with the joint injection. I further understand that there are **NO** refunds for any injection services.

I give my voluntary and informed consent to have the procedure performed by Jessica Thorman, APN, FNP-C and/or her designated clinical staff.

Consent:

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for the (steroid) Joint injection(s). I agree to inform my medical provider immediately if I have any side effects. I hereby release Midwest Integrative Health, LLC, Jessica Thorman, APRN, FNP-C and the person injecting the (steroid) joint(s) of any damages or liability if anything were to occur.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE JOINT INJECTION CONSENT FORM FOR MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date