



Lipotropic Injection/B12 Consent

Lipotropic Injection and B12 Informed Consent

I acknowledge that I have read and reviewed the following information:

* Lipotropic injections aid in weight loss by increasing your metabolism. Vitamin B-12 helps maintain optimal health and has been shown to be beneficial in helping to reduce fatigue, improve memory, and maintain a healthy body weight. It is what your body uses to help create energy, which is one of the reasons people feel more energized when they take B12.

* While all components of a lipotropic injection generally have no side effects, you need to remember that all medications and supplements have potential side effects, including B12, methionine, inositol, choline, and amino acids. Most people tolerate B12 and lipotropic injections without issue as side effects are rare.

* Potential common B12 side effects include, but are not limited to: mild diarrhea, upset stomach, nausea, pain at the injection site, swelling, headache and joint pain.

* Potential common lipotropic injection side effects include, but are not limited to: stomach upset, diarrhea, urinary frequency/urgency/hesitancy, fatigue, elevated heart rate, and restlessness.

You acknowledge:

1. Following an initial injection, I will wait for at least 10 minutes before leaving the office so the provider can monitor me for any adverse reactions. *

Yes No

2. That if I begin to have side effects, I will contact Midwest Integrative Health, LLC immediately and notify them of what is happening. *

Yes No



3. I understand that although rare, vitamin B12 injections can result in serious side effects. If these occur, you should follow up with a medical provider or go to the emergency department immediately.

Uncommon and dangerous side effects include: rapid heartbeat, chest pain, flushed face, muscle cramps, weakness, difficulty breathing and swallowing, dizziness, confusion, rapid weight gain, feeling of tightness in the chest, hives and rashes, shortness of breath when there is no physical exertion and unusual wheezing and coughing. *

Yes No

4. Before starting vitamin B12 and lipotropic injections I agree to make my (LLC NAME/PROVIDER NAME) aware if I have any of these conditions: Leber's Disease, liver disease, kidney disease, iron deficiency, folic acid deficiency, cardiovascular disease, receiving any treatment or taking any medication that has an effect on bone marrow, or drug/supplement allergies. *

Yes No

5. I understand that there could be interactions with B12 and lipotropic injections and certain medications/supplements. *

Yes No

6. The use of B12 and lipotropic injections on a weekly to biweekly basis without a documented B12 deficiency is considered off label use and has not been FDA approved for increasing energy levels and weight loss. *

Yes No

6. Caution is advised while taking B12 if you have a sulfa allergy. *

Yes No



Midwest Integrative Health, LLC

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Macomb, Illinois, US - 61455

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 B12 and/or lipotropic injections. 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 B12 and lipotropic injection of any damages or liability if anything was to occur.

PATIENT SIGNATURE: *

DATE: *
