



CHC MEDISURE

Vitamin B12 consultation form

Client details

Date:

Full name:	Telephone contact details:
Address & postcode:	
Email address: We only use this to respond to queries and won't share it with a third party.	
Date of birth & age:	Gender:

Medical history and current medical conditions

Are you currently in good health? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give details...	
Are you currently under a specialist, hospital or doctor's care? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details...	
Do you follow a healthy diet? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your diet include meat, <input type="checkbox"/> fish <input type="checkbox"/> dairy <input type="checkbox"/> ?	
Are you allergic to acetic acid <input type="checkbox"/> , sodium chloride, or <input type="checkbox"/> sodium hydroxide <input type="checkbox"/> ?	
Do you take regular exercise? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a history of gout? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you suffer from anaemia? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pernicious anaemia Yes <input type="checkbox"/> No <input type="checkbox"/>
Any heart concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>	High blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>
History of cancer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details...	Skin disorders? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details...
Genitourinary concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>	Gastrointestinal concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Low serum levels of potassium? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your GP given you a B12 deficiency blood test recently? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your GP aware of any symptoms diagnosing a B12 deficiency? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you currently taking any of these...? Please tick.

Angiotensin converting enzyme inhibitors

Aspirin

Alcohol

Antibiotics

Anti-seizure agents

Bile acid sequestrates

Chloramphenicol Vitamin C

Colchicine

H2 blockers

Metformin

Neomycin

Nicotine

Nitrous oxide

Oral contraceptives

Para-aminosalicylic acid

Potassium chloride

Proton pump inhibitors

Tobacco

Zidovudine (Retrovir)

It is not recommended to have B12 treatment if you:

- are allergic to cyanocobalamin or cobalt
- have Leber's disease (vision loss)
- have cold or allergy symptoms that affect the nose (sinus congestion or sneezing)
- have kidney or liver disease
- have iron or folic acid deficiency
- have any type of infection
- are on any medication that affects bone marrow
- are pregnant or plan on becoming pregnant. Your GP must confirm safe to take if you're pregnant or breastfeeding.

In some circumstances, Vitamin B12 can cause side effects, including...

- Restenosis (reoccurrence of blood vessel narrowing) after stent placement
- High blood pressure
- Acne
- Rash
- Itchy / burning skin
- Pink or red skin discolouration
- Facial flushing
- Urine discolouration
- Numbness
- Nausea
- Difficulty swallowing
- Diarrhoea
- Increase in blood volume and red blood cells
- Low potassium levels
- Gout flare-up

Vitamin B12 results

I am aware that follow-up treatments will be needed to maintain the full effects. I am aware that the duration of the treatment is dependent on many factors, including but not limited to, age, gender, health conditions, my general health and lifestyle conditions. I have been told about, and understand, post-treatment instructions.

I voluntarily consent to treatment. The procedure(s) has been explained to me. I have read the information above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the treatment. I certify that if any changes occur in my medical history, I will notify the practitioner. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my practitioner and feel that I am sufficiently advised to consent to this treatment. I have been asked to sign this form after a full discussion with my practitioner.

Client name: - please print. _____

Client signature: _____

Practitioner use

I confirm that I have fully informed the client about the risks and benefits of treatment with B12 and believe they understand the information.

Practitioner name: _____

Practitioner signature: _____ **Date:** _____