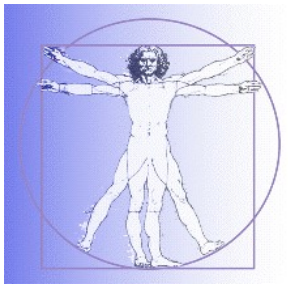

Sonora Naturopathic, Inc.

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 (2-3cc). Depending on the compounds injected, they may be absorbed fairly quickly or more gradually. The Center doctor 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. Lidocaine will be used in shots that include B6 or B Complex.

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 administered by this office, 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, 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. David Hogg, ND to perform intramuscular injection(s) with the nutrient and/or homeopathic injectables of my choice.

Print Name _____

Signature_____ Date: ___/___/___

Sonora Naturopathic

CONFIDENTIAL PATIENT INFORMATION – B12 Injections

PLEASE FILL IN ALL PORTIONS OF THIS FORM. IF YOU NEED HELP, PLEASE ASK

Today's Date_____

How did you hear about us? Yellow pages_____ Newspaper_____ Radio/Television_____
Internet_____ Location/Sign_____ Referred by (name)_____
Whole Food Depot (name)_____

First Name _____ M_____ Last Name_____ Age ____ Marital Status _____Gender M / F
Permanent Address _____ Apt. _____ City_____ State _____ Zip _____
Temporary Address _____ Apt. _____ City_____ State _____ Zip _____
Phone (Permanent)_____ (Cell) _____(Work) _____
Email _____ Email (alt.) _____
SS# _____Birth date _____ Driver's License # _____
Occupation_____How long?_____Hrs/wk____Employed by_____
Work Address _____ City_____ State _____ Zip _____
Name of nearest relative not living with you _____Phone_____
Name of spouse (or parent for minor child) _____SS # _____
Occupation _____Employed by _____Work # _____
Whom may we contact in case of emergency? _____Phone _____

CLINIC POLICY REQUIRES PAYMENT AT TIME OF SERVICES. I WILL BE PAYING TODAY BY:

CASH _____ CHECK _____ VISA _____ MASTERCARD _____

At time of payment, you will be given a copy of your superbill from our office. This will show the services and charges for that day.

I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and services, any fees for professional services rendered me will be immediately due and payable. Furthermore, any charges, fees, or court costs incurred as a result of collection efforts will be added to my account balance.

Releases may be requested prior to specific procedures being performed

_____ _____ _____
Patient's Signature Parent or Guardian's Signature Date

Sonora Naturopathic

PLEASE FILL IN ALL PORTIONS OF THIS FORM. IF YOU NEED HELP, PLEASE ASK

Today's Date_____First Name _____ M_____ Last Name_____

BIOGRAPHICAL INFORMATION FORM – IM Injection

Personal History:

List Yes (Y), No (N), or Past (P) regarding the use of the following:

Antacids: Y N P Steroids: Y N P Smoking: Y N P Packs per day / Number of years _____

Analgesics: Y N P Laxatives: Y N P Coffee: Y N P Cups per day if Yes / Past: _____

Soda: Y N P Ounces per day if Yes / Past: _____

Alcohol: Y N P How often & how much if Yes / Past: _____

Any Alcohol Addiction: Y N P Any Alcohol Treatment: Y N P

Recreational Drugs: Y N P Any Drug Addictions: Y N P Any Drug Treatment: Y N P

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 reactions to injections:

_____

_____

Health Concerns:

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

1) _____ _____
2) _____ _____
3) _____ _____
4) _____ _____
5) _____ _____

Medical History

Your primary physician:

Physician's Name: _____

Address: _____ Phone # _____

List any major illnesses, hospitalizations and/or operations you have had (include year).

_____

_____

_____

_____

Sonora Naturopathic

Today's Date_____First Name _____ M_____ Last Name_____

Medications

What medications are you currently taking?

Medications	Dosage	For What	How Long

Supplements

List any supplements you are currently taking:

Any other information you feel is important to share:

_____

_____

_____