Harmony Community Clinic
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Informed Consent: Vitamin and Wellness Injections

Intramuscular (IM) and subcutaneous (under the skin) injections

Patient name (print) _____ Date of birth _____ Date _____

1. Treatment description

Wellness injections deliver vitamins and nutrients into a muscle or under the skin. Injections offered may include:

- ☐ Vitamin B12
- ☐ Lipotropic / MIC (methionine, inositol, choline)
- ☐ Vitamin D3
- ☐ Glutathione
- ☐ NAD+
- ☐ Biotin
- ☐ Amino acid blends
- ☐ Other: _____

These injections are used to support nutrition and well-being. Unless my provider tells me otherwise, they are not a treatment for any disease, and wellness claims for these products have not been evaluated by the FDA. Some are compounded (see form HCC-10).

2. Risks

- Pain, soreness, redness, swelling, or bruising at the injection site.
- Infection or abscess at the injection site.
- Lightheadedness or fainting.
- Allergic reaction, including rash, itching, swelling, or, rarely, severe reaction (anaphylaxis).
- Rare: nerve or blood vessel injury.
- Vitamin B12: acne-like rash, itching, diarrhea, or a feeling of swelling. It must not be used by people allergic to cobalt or with Leber's disease (an inherited eye disease).
- Vitamin D: too much over time can raise calcium levels in the blood.
- NAD+: flushing, nausea, stomach cramping, or a brief feeling of pressure or discomfort.
- Glutathione: rare allergic reactions; limited data on long-term use.

I have read and understand the risks listed above. _____ Initials

3. Screening questions

	Yes	No
Do you have any allergies to vitamins, cobalt, or medications?	☐	☐
Do you take blood thinners or have a bleeding disorder?	☐	☐
Do you have kidney disease or high calcium levels?	☐	☐
Are you pregnant or breastfeeding?	☐	☐

No guarantee: I understand that medicine is not an exact science. Results vary from person to person, and no promise or guarantee has been made to me about the results of this treatment.

Right to refuse or stop: I may refuse this treatment or stop it at any time. Stopping will not affect my right to receive other care at Harmony Community Clinic. Charges for services already provided or medications already dispensed still apply.

This consent applies to the initial injection and to repeat injections of the same type, unless my health changes. I will tell the clinic about any changes before each visit.

I consent to vitamin and wellness injections. _____ Initials

Signatures

By signing below, I confirm that I have read this form (or had it read to me) in a language I understand, that I had the opportunity to ask questions and all of my questions were answered, and that I agree to its terms voluntarily.

Patient name (print)	Patient signature	Date

Parent / guardian / legal representative (print, if applicable)	Relationship to patient	Representative signature	Date

Provider name and credentials	Provider signature	Date

Tell us about your visit

Your opinion helps other families find quality care. After your visit, scan this code with your phone camera to leave Harmony Community Clinic a review on Google.

Thank you for trusting us with your health.