

## SYNERGY NATURAL MEDICINE CLINIC INFORMED CONSENT FOR NUTRIENT INJECTIONS

**Introduction:** You are requesting nutrient injection therapy by intramuscular injection at Synergy Natural Medicine Clinic. This may include Vitamin B-12 and Nicotinamide Adenine Dinucleotide (NAD), as well as other injectable vitamins or nutrients. Before you decide to participate, it is important that you understand the purpose, risks, benefits, and alternatives of these treatments. This document contains information to help you make an informed decision.

**Purpose of Treatment:** Vitamin and nutrient injections are administered to address deficiencies in essential nutrients. Vitamin B-12 is crucial for nervous system function and red blood cell production, while NAD is involved in various cellular processes, including energy metabolism. Additional injectable vitamins or other nutrients may be included to support overall health and well-being.

**Procedure:** The injections involve the administration of nutrients into the muscle tissue. The injections are typically administered in the upper arm, thigh or gluteal muscle. The frequency and dosage of each vitamin will be determined by Dr. Jennifer Wicher based on your individual needs.

**Benefits:** The potential benefits of vitamin injections may include improved energy levels, enhanced cognitive function, and support for various physiological processes. These injections may be particularly beneficial for individuals with documented deficiencies or certain medical conditions.

**Risks and Side Effects:** While vitamin injections are generally considered safe, there are potential risks and side effects. These may include, but are not limited to:

- Pain, swelling, or redness at the injection site.
- Infection at the injection site.
- Allergic reactions to the injected substances.
- Anaphylactic reactions in susceptible individuals(rare).

**Alternatives:** Alternative methods of addressing nutrient deficiencies include oral supplements, dietary changes, and other non-injectable formulations. You should consider these alternatives to determine the most appropriate course of action based on your individual circumstances.

**Confidentiality:** Your privacy is important. All information obtained during the course of your treatment will be kept confidential, following applicable laws and regulations. Our privacy policies are provided on our website in the "About Us" section and by signing below you agree that you have had the opportunity to review them.

**Voluntary Participation:** Your participation in these treatments is entirely voluntary. You have the right to refuse or withdraw from the treatments at any time without affecting your relationship with Synergy Natural Medicine Clinic.

**Questions and Contact Information:** If you have any questions or concerns about nutrient injection therapy, please feel free to ask a member of our healthcare team. If you have additional questions later, you are encouraged to seek further clarification.

By signing below, you acknowledge that you have read and understood the information provided in this document. You have had the opportunity to ask questions, and your questions have been answered to your satisfaction. You are voluntarily consenting to receive vitamin injections, including Vitamin B-12, NAD, and other injectable nutrients, at Synergy Natural Medicine Clinic.

Patient's Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (emergency contact): \_\_\_\_\_

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Synergy Natural Medicine Clinic is a DBA for Dr Jennifer Wicher ND, a California Naturopathic Doctor

These questions are meant to guide the doctor in assessing the patient's suitability for vitamin injection therapy and tailoring the treatment plan to the individual's health needs and circumstances.

### **Medical History and Goals**

Have you experienced any significant medical conditions, surgeries, or hospitalizations?

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Prescription medications, over-the-counter drugs, or supplements you currently take?

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Are you allergic to any medications, foods, or substances? **YES/ NO**

Have you had any allergic reactions to injections in the past? **YES/ NO**

Any changes in energy levels, cognitive function, or overall well-being? **YES/ NO**

Are there any known deficiencies or imbalances in your vitamin levels? **YES/ NO**

What symptoms or concerns prompted your interest in vitamin injection therapy?

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What specific health goals or outcomes are you hoping to achieve with vitamin injection therapy? Are there particular areas of your health that you would like to focus on?

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Can you describe your current diet and nutritional habits? Do you engage in regular physical activity, and if so, what type and frequency?

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### **Prior Experience with Injections**

Have you ever received vitamin injections or intramuscular injections before? **YES/ NO**

If yes, did you experience any adverse reactions or side effects? **YES/ NO**

Do you have any specific concerns or questions about the procedure? **YES/ NO**

***If you are currently pregnant, planning to become pregnant, or breastfeeding please inform us.***