



INFORMED CONSENT

There are risks associated with injections (“shots”). While a bad reaction is rare, any of the following are possible.

- ❖ Pain, bruising, inflammation, and numbness at the injection site
- ❖ Injury to nerves, muscles or blood vessels at the injection site (temporary or permanent)
- ❖ A “flushing; or “hot flash” up to 24 hours after the injection, especially with steroid medication
- ❖ Allergic reaction to the medication
- ❖ Dizziness or fainting after the injection
- ❖ Skin discoloration or skin dimpling at the injection site
- ❖ Infection at the injection site

In the event that your Provider recommends an IV (inserting a sterile needle into your vein and injecting medication and/ or fluids), or taking blood for lab tests, any of the following are possible:

- ❖ Discomfort, bruising, and pain at the site of insertion
- ❖ Inflammation of the vein used
- ❖ Allergic reaction, from mild to severe, to the medications

You have the right to be informed of the procedure and of any alternative options. Except in emergencies, procedures are not performed until you have the opportunity to receive information regarding the procedure.

Should you receive an injection, our policy is that all patients must lay down on the patient table for at least 10 minutes.

I will inform the Doctor, Nurse Practitioner, Physician Assistant or other staff of Compass Urgent Care about all of my **allergies** and all of the **medication I take**.

My signature below means that:

- ❖ I understand the information provided on this form and agree
- ❖ I intend this consent to apply to my present and future injections (“shots”) and intravenous (IV) treatments.

Printed Patient Name

Date: _____

Patient Signature

Refusal to sign acknowledgement does not prevent the patient from continuing to be treated