The Face Medic – 34, Springfield Ave, Hutton, Essex CM13 1RE – 01277 654 031 – www.thefacemedic.co.uk

Informed Consent for Kenalog Injection to relieve the symptoms of Hay fever

Name – _____ Date of Birth - _____

Address – _____

Telephone No. - _____

E-Mail Address - _____

This disclosure is intended to inform you about the risks associated with the administering of the Kenalog Injection so that you can make an informed decision as to whether to give your consent to the procedure.

I acknowledge that the procedure proposed to treat my condition is – Hay fever / Increased Allergy symptoms.

The injection is administered as a deep intramuscular injection to the buttock.

I understand that this medical procedure involves risks, and, although rare, risks can include the following. Redness and/or inflammation at the injection site, anxiety, sleep disorder, abdominal pain and itchy skin. This list is not conclusive and further information is available on request.

Please also be aware that everyone is different, therefore results can vary between clients.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Please tick the box alongside your answers below;

Are you currently pregnant or breast feeding?	☐ YES	☐ NO
Are you currently taking any medication to treat an infection?	☐ YES	☐ NO
Are you currently receiving any immunosuppressive treatments?	☐ YES	☐ NO
Are you Allergic to any medication?	☐ YES	☐ NO

ACKNOWLEDGEMENT AND CONSENT

By signing below, I confirm that:

- I understand and consent to, and accept the risk of, the procedure
- I have had the opportunity to ask questions and these questions have been answered to my satisfaction
- I release ABC (Essex) Medical Ltd. acting as 'The Face Medic' from all liabilities associated with the above indicated procedure.

_____ _____ / _____ / _____

Patient's Signature Date

_____

Patient's Name (Please print)

If signed by anyone other than the patient, please indicate the relationship to the patient below: