

IRON INFUSION CONSENT FORM

Informed Consent to Receive Intravenous Iron Replacement Therapy

I, understand that the administration of iron infusion comes with the following risks, including but not limited to:

- Anaphylactic reaction, which in rare cases may be potentially fatal
- Paravenous leakage at injection site, potentially leading to long lasting and permanent skin staining/discolouration
- Skin irritations
- Headache, muscle and joint pain
- Tachycardia (rapid heart rate) and Hyper/Hypotension (high or low BP)
- Nausea, Abdominal Pain, Constipation, Diarrhoea and Vomiting
- Minor reactions from the infusion may last up to 48 hours post injection. Some reactions start 1-2 days later, but usually settle after 2-3 days

I have read and understood the 'Iron Infusion Patient Information Sheet' Yes No

Understanding these risks, I consent to having administered all necessary first aid and/or resuscitation measures, including alerting an Ambulance and providing my Emergency Contact, if required for my care. Yes No

If an Ambulance is called, I consent to bearing all costs involved. Yes No

As this procedure is **not suitable** for patients in some conditions, I declare the following:

I am Pregnant in the first trimester	Yes <input type="checkbox"/> No <input type="checkbox"/>	I have uncontrolled hyperthyroidism	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am under the age of 18 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	I am suffering from fever/sepsis	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am on Dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	I have inflamed tissues/Ulcers/Infection	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am allergic to any form of iron	Yes <input type="checkbox"/> No <input type="checkbox"/>	I use substances which I have not declared	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have Iron overload/Haemochromatosis	Yes <input type="checkbox"/> No <input type="checkbox"/>	I have Liver disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have non-iron deficiency related anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	I have reacted to a vaccine in the past	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand and acknowledge that this procedure involves insertion of an IV cannula and will require me to remain for 30 minutes (or longer if needed) after the procedure has been completed. Yes No

I acknowledge that I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received. Yes No

I agree to pay the full fee for the procedure today of \$190 (out-of-pocket \$76.70 after Medicare rebate) Yes No

I acknowledge that the doctor has explained:

- The iron infusion patient information sheet Yes No
- The medical condition and proposed treatment including alternatives Yes No
- The risk of the procedure and risks of not having the procedure Yes No
- I was able to ask question and raise concerns with the doctor Yes No
- I have the right to change my mind regarding consent, even after signing this form. Yes No

I hereby consent to this procedure and the costs of the procedure detailed above. Yes No

PATIENT		DOCTOR	
Name	DOB	Full Name	
Signature	Date	Signature	Date