

The Shot Bar Health Intake

name _____ date _____
phone _____ birth date _____
email _____ occupation _____
address _____
allergies _____
medications _____
reason for visit _____

fatigue___	overweight___	stress___	diabetes___
low immune___	anemia___	osteoporosis___	cold/flu___
hypothyroid ___	cancer___	liver disease___	kidney disease___
depression___	asthma___	allergies___	memory loss___
insomnia___	anxiety___	high bp___	pain___
eczema___	heart disease___	inflammation___	ibs___
heartburn___	low libido___	pms___	constipation___

The above information is true and accurate.

patient _____ date _____

Dr. Kate _____ date _____

Nutritional Injections Consent and Authorization

The Shot Bar (Kate Tackett, ND Steve Zakany, MD)

Patient print name _____

1. The Shot Bar provides Kate Tackett (naturopathic doctor) in the performance of nutritional injection therapy including vitamins, minerals, amino acids and homeopathic injectables. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Procedures are not performed until you have an opportunity to receive such information and to give your informed consent.
 - The procedure involves inserting a needle into your muscle or under the skin and injecting a nutritional formula.
 - Alternatives to intramuscular (IM) or subcutaneous (SQ) injection are oral supplementation and dietary and lifestyle changes.
 - Risks of injection therapy include:
 - i. Discomfort, bruising, inflammation and pain at the injection site.
 - ii. Allergic reaction, infection, anaphylaxis and cardiac arrest.
 - Benefits of injection therapy include:
 - i. Injectable nutrients bypass digestion.
 - ii. Total amount of injection is available to the tissues for absorption.
 - iii. No intestinal irritation; faster and increased total absorption.
2. You have the right to consent to or refuse the proposed treatment at any time. Your signature on this form affirms that you have given your consent for IM injection or SQ injection therapy.
3. The procedure will be performed by the doctor named above.
Your signature below means that:
 - You understand and agree to the information provided on this form.
 - IM and SQ injection therapy has been adequately explained to you.
 - You accept the information and explanation concerning injections.
 - You authorize and consent to the performance of injections.
 - You understand all the risks and benefits involved as stated above.

patient sign _____ date _____

Dr. Tackett sign _____ date _____