



Surrey Physio Injection Consent Form

1. Have you been given an Injection information leaflet? Yes/ No
2. Do you have any allergies? Yes/ No _____
3. Have you ever had a reaction to a local anaesthetic? Yes/ No _____

4. Are you aware of the very low risk of potential side effects including skin discolouration, a flare up of pain, risk of infection, and other things mentioned on the advice sheet? Yes/ No
5. Do you have any infections? Yes/ No _____
6. Have you had a recent flu vaccination? Yes/ No _____
7. Could you be pregnant/breast feeding? Yes/ No _____
8. Are you diabetic? Yes/ No _____
9. Are you taking any blood thinning medication e.g. warfarin? Yes/ No _____
10. Do you have any joint replacements? Yes/ No _____
11. Do you consent to treatment? Yes/ No

By signing this form, I acknowledge that I have been advised of the potential risks and side-effects of an injection, and I have asked any questions that I may have to my physiotherapist.

Signed by Patient..... Date

Print Name.....

Signed By Physio..... Date