**HFGP Consent Form to Receive Intravenous Iron Replacement Therapy**

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| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Date  | Click or tap here to enter text. |

You have been recommended to receive an iron infusion in order to correct your iron deficiency and/or anaemia.

All medications have risks and side effects. It is important that you understand the specific side effects with iron infusions. Please read and cross the below statements to indicate that you have been told of these side effects and understand their implications.

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| **Iron infusions can cause:**  |
| * Severe allergic reactions (anaphylaxis) which may be fatal
 |[ ]
| * Leakage from the vein at the injection site which may lead to long lasting or permanent brown discoloration and staining in the skin
 |[ ]
| * Skin irritations
 |[ ]
| * Palpitations, headache, dizziness
 |[ ]
| * Nausea, abdominal pain, constipation and or vomiting
 |[ ]
| I have been informed that iron infusions should be used only after adequate trials of oral iron tablets or under specific circumstances as advised by doctor or specialist |[ ]
| I have had the opportunity to discuss and clarify any concerns with my doctor  |[ ]
| I understand that in the event of an emergency during the procedure, I will be treated, and if needed an ambulance called, and sent to hospital (this may incur extra costs)  |[ ]
| I have been informed about the out of pocket charges for the infusion and that this cost applies each infusion if I need more than one. The cost is $170 plus any associate consultation, and the $170 is not refundable from Medicare |[ ]

Please sign below