

VITAMIN B12 PRESCRIPTION REQUEST FORM

PLEASE ENTER YOUR DETAILS BELOW:

TITLE (MR/MRS/MS)		DOB	
FIRST NAME		TELEPHONE	
LAST NAME		EMAIL	

YOUR ADDRESS			
CITY		POSTCODE	

GP SURGERY FULL ADDRESS			
CITY		POSTCODE	

MEDICATIONS

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING BELOW

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CONTRA-INDICATIONS

PLEASE SELECT ANY CONTRA-INDICATIONS FOR IM HYDROXOCOBALAMIN B12 INJECTION THAT APPLY TO YOU

NONE		LEBER'S HEREDITARY OPTIC ATROPHY	
COBALT ALLERGY		PREGNANT	
COBALAMIN AND DERIVATIVE ALLERGIES		UNDER 18	
LOW BLOOD POTASSIUM LEVELS		UNDERGOING CANCER TREATMENT	

INDICATIONS

PLEASE USE AN 'X' TO SELECT ANY INDICATIONS FOR IM HYDROXOCOBALAMIN B12 INJECTION THAT MAY APPLY TO YOU.

IF YOU HAVE NO SYMPTOMS LISTED BELOW - PLEASE SELECT 'OTHER' AT THE BOTTOM TO ADD ANY OTHER SYMPTOMS

OR CONCERNS THAT YOU HAVE AND REASONS FOR REQUESTING TREATMENT (SUCH AS LACK OF ENERGY/TROUBLE SLEEPING ETC)

CELIAC DISEASE		RECURRENT PANIC ATTACKS	
CROHN'S DISEASE		ANXIETY	
CHRONIC PANCREATITIS		SORE TONGUE, BURNING MOUTH SENSATION	
GASTRIC BYPASS SURGERY		RED TONGUE THAT IS ABNORMALLY SMOOTH	
HYEHOMOCYSTEINEMIA		CONTINUOUS MOUTH ULCERS	
INTESTINAL BACTERIAL OVERGROWTH		CRACKED SORES AT BOTH CORNERS OF YOUR MOUTH	
PERNICIOUS ANEMIA		BAD BREATH, HALITOSIS	
STRICT VEGETARIAN		ALTERED PALATE, FOOD TASTES DIFFERENT	
VEGAN		STRANGE THIRST, CONSTANTLY DEHYDRATED	
PINS AND NEEDLES		UNUSUAL METALLIC TASTE IN MOUTH	
DIFFICULTY BUILDING MUSCLE MASS		FREQUENT STOMACH ACHES	
DEPRESSION THAT LASTS WITHOUT APPARENT CAUSE		NAUSEA	
CHRONIC DAILY FATIGUE		FREQUENT STOMACH BLOATING	
POOR CONCENTRATION, ADD-LIKE SYMPTOMS		DIFFICULTY SWALLOWING	
EASILY DISTRACTED		ACID REFLUX THAT OCCURS REGARDLESS OF DIET	
MOOD SWINGS		FREQUENT HEARTBURN, DESPITE EATING HEALTHY	
MEMORY IMPAIRMENTS		FLATULENCE	
AGGRESSIVE BEHAVIOUR THAT IS NEW OR UNUSUAL		LOSS OF APPETITE	
NEUROSIS, FIXATIONS		CONSTIPATION	
EARLY ONSET DEMENTIA		EVERYDAY DIARRHEA	
HALLUCINATIONS, DELIRIUMS		ESOPHAGEAL ULCERS	
YEAST INFECTIONS THAT OCCUR OFTEN		UNUSUAL WEIGHT LOSS OR WEIGHT GAIN	

EARLY ONSET MENOPAUSE		REDUCED LIBIDO	
ABNORMALLY PALE FACIAL COMPLEXION		HORMONAL IMBALANCES	
HEART PALPITATIONS THROUGHOUT THE DAY		LOW SPERM COUNT	
WEAK PULSE		ERECTILE DYSFUNCTION	
HYPOTHYROID OR HYPERTHYROID DISORDER		INFERTILITY	
HYPERSENSITIVITY		POSTPARTUM DEPRESSION	
INSOMNIA OR SPORADIC SLEEP		FREQUENT MISCARRIAGES, SPONTANEOUS ABORTIONS	
NIGHT TERRORS		POOR DEVELOPMENT IN NEWBORN BABY	
BLURRING OR DOUBLE VISION		LANGUAGE IMPAIRMENTS IN CHILD	
OPTIC NEURITIS		PMS	
TINNITUS		ECZEMA, DRY SKIN RASHES	
HYPERACUSIS		PREMATURE GREY HAIR	
ALWAYS FEELING COLD		HAIR LOSS NOT RELATED TO AGE	
BRUISE EASILY		THIN, RIDGED NAILS THAT BREAK EASILY	
CONSTANTLY ITCHY SKIN		• OTHER / REASON FOR REQUESTING TREATMENT(PLEASE INCLUDE DETAILS BELOW)	

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VERIFICATION

PLEASE CHECK THAT ALL INFORMATION YOU HAVE PROVIDED ABOVE IS CORRECT. TYPE YOUR **FULL NAME** BELOW BY WAY OF ELECTRONIC SIGNATURE.

PRINT NAME		DATE	
SIGNED			