WA IRON CENTRE

Iron Infusion - Patient Consent to Treatment

Patient Name: _____ D.O.B: _____

Date of infusion: _____

- The doctor/nurse has explained what an iron infusion involves, including the risks, benefits, and necessary follow-up of this treatment.
- I have been provided with a copy of the Iron Infusion – Patient Information sheet, and I have had an opportunity to discuss and clarify any concerns with the doctor/nurse.
- I understand that the results/outcome of the treatment/procedure cannot be guaranteed.
- I understand that the administration of intravenous iron infusion comes with the following risks including but not limited to:

  - Headache, flushing, nausea
  - Mild muscle and joint aches
  - Change in taste (eg metallic)
  - Mild reaction/irritation at infusion site
  - Changes in blood pressure and heart rate
  - Rash, itchiness
  - Abdominal pain, indigestion, vomiting, diarrhoea, constipation, flatulence
  - Fever, fatigue, chills, rigors
  - Shortness of breath
  - Fluid retention in arms and legs
  - Low phosphate levels (Hypophosphataemia)
  - Staining at infusion site
  - Allergic anaphylactoid reaction

- If a staff member is exposed to my blood, I consent to a sample of my blood being collected and tested for infectious diseases. I understand that I will be given the results of the tests.
- I agree for my medical record to be accessed by staff involved in my clinical care and for it to be used for approved quality assurances activities, including clinical research. I understand that my privacy will be preserved.
- I understand that if immediate life-threatening events happen during the procedure, I will be treated accordingly, and an ambulance may be called at my own cost.
- I understand that I have the right to change my mind at any time before the treatment is undertaken, including after I have signed this form. I understand that I must inform my doctor/nurse if this occurs.

I have read the above information and discussed the procedure with the Doctor/nurse and consent to receiving an iron infusion at the WA Iron Centre.

Patient's signature: _____ Date: _____

Doctor/Nurse: _____

Signature: _____ Date: _____