

**Valley Pain Clinic**

**Informed Consent for Procedure**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

You have a pain problem and this procedure is one of the treatment options of your pain. There is **no guarantee** that a procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your practitioner will explain the details of the procedure listed below. **Tell the practitioner if you are taking any blood thinners such as Coumadin (warfarin), Plavix (clopidogrel), Ticlid (ticlopidine), Lovenox, or heparin**, as these can cause excessive bleeding and a procedure should not be performed. Tell your practitioner if you are experiencing fever, cold or flu symptoms, or any infections prior to your procedure.

**Alternatives** to the procedure include medications, physical therapy, acupuncture, surgery, etc.

**Benefits** include increased likelihood of correct diagnosis and/or decrease of elimination of pain.

**Risks** include infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis or death; air in lungs requiring chest tube; tissue, bone or eye damage from steroids. Nerve destruction with phenol, Botox, alcohol, or radiofrequency energy has risks of nerve and tissue damage.

**Specific risks** pertaining to each procedure are as follows (patient to initial line of procedure):

\_\_\_\_\_ **Trigger Point Injection, Peripheral Nerve-Neuroma Block, Occipital Nerve Block:** Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression of skin.

\_\_\_\_\_ **Joint Injection (Hip, Shoulder, Knee, Elbow, etc.):** Bleeding, infection, allergic reaction, nerve damage, increased pain.

The incidence of serious complications listed above requiring treatment is low. Your practitioner believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done.

I have read or had read to me the above information. **I understand there are risks involved with spinal procedure, to include rare complications, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to any procedure.**

**I also understand that one of the greatest risks involved with pain management procedures involves various medications taken, allergies and my general medical condition. I will inform the doctor of any blood thinning medication taken or any changes in other medications, allergies or medical condition prior to any procedure.**

\_\_\_\_\_  
Patient or His/Her Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Practitioner Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date