

VITBI2SHOT

ENERGY, HEALTH, VITALITY

VITB12 PRESCRIPTION REQUEST FORM

PLEASE FILL OUT ALL DETAILS

TITLE (MR/MRS/MS)	
FIRST NAME	
LAST NAME	
DATE OF BIRTH	
TELEPHONE	
EMAILS	

YOUR ADDRESS			
CITY		POSTCODE	

GP SURGERY ADDRESS			
CITY		POSTCODE	

MEDICATIONS			
PLEASE LIST DOWN ANY MEDICATIONS YOU ARE CURRENTLY TAKING BELOW			

CONTINUED ON NEXT PAGE



CONTRA-INDICATIONS

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

	YES	NO
NONE		
COBALT ALLERGY		
COBALMIN AND DERIVATIVE ALLERGIES		
LOW BLOOD POTASSIUM LEVELS		
LEBER'S HEREDITARY OPTIC ATROPHY		

INDICATIONS

PLEASE SELECT ANY INDICATION FOR IM HYDROXOCOBALAMIN B12 INJECTION THAT APPLY TO YOU.

IF YOU HAVE NO SYMPTOMS LISTED BELOW - PLEASE SELECT 'OTHER' AT THE BOTTOM TO ADD ANY OTHER SYMPTOMS, CONCERNS THAT YOU HAVE AND REASONS FOR REQUESTING TREATMENT (SUCH AS LACK OF ENERGY/TROUBLE SLEEPING ETC)

	YES	NO
CELIAC DISEASE		
CROHN'S DISEASE		
CHRONIC PANCREATITIS		
GASTRIC BYPASS SURGERY		
HYEHOMOCYSTEINEMIA		
INTESTINAL BACTRICAL OVERGROWTH		
PERNICIOUS ANEMIA		
STRICT VEGETARIAN		
VEGAN		
PINS AND NEEDLES		
DIFFICULTY BUILDING MUSCLE MASS		
DEPRESSION THAT LASTS WITHOUT APPARENT CAUSE		
CHRONIC DAILY FATIGUE		
POOR CONCENTRATION, ADD-LIKE SYMPTOMS		
EASILY DISTRACTED		
MOOD SWINGS		
MEMORY IMPAIRMENTS		
AGGRESSIVE BEHAVIOUR THAT IS NEW OR UNUSUAL		
NEUROSIS, FIXATIONS		
EARLY ONSET DEMENTIA		
HALLUCINATIONS, DELIRIUMS		

CONTINUED ON NEXT PAGE

	YES	NO
RECURRENT PANIC ATTACKS		
ANXIETY		
SORE TONGUE, BURNING MOUTH SENSATION		
RED TONGUE THAT IS ABNORMALLY SMOOTH		
CONTINUOUS MOUTH ULCERS		
CRACKED SORES AT BOTH CORNERS OF YOUR MOUTH		
BAD BREATH, HALITOSIS		
ALTERED PALATE, FOOD TASTES DIFFERENT		
STRANGE THIRST, CONSTANTLY DEHYDRATED		
UNUSUAL METALLIC TASTE IN MOUTH		
FREQUENT STOMACH ACHES		
NAUSEA		
FREQUENT STOMACH BLOATING		
DIFFICULTY SWALLOWING		
ACID REFLUX THAT OCCURS REGARDLESS OF DIET		
FREQUENT HEARTBURN, DESPITE EATING HEALTHY		
FLATULENCE		
LOSS OF APPETITE		
CONSTIPATION		
EVERYDAY DIARRHEA		
ESOPHAGEAL ULCERS		
UNUSUAL WEIGHT LOSS OR WEIGHT GAIN		
REDUCED LIBIDO		
HORMONAL IMBALANCES		
LOW SPERM COUNT		
ERECTILE DYSFUNCTION		
INFERTILITY		
POST-PARTUM DEPRESSION		
FREQUENT MISCARRIAGES, SPONTANEOUS ABORTIONS		
POOR DEVELOPMENT IN NEWBORN BABY		
LANGUAGE IMPAIRMENTS IN CHILD		
PMS		

	YES	NO
YEAST INFECTIONS THAT OCCUR OFTEN		
EARLY ONSET MENOPAUSE		
ABNORMALLY PALE FACIAL COMPLEXION		
HEART PALPITATIONS THROUGHOUT THE DAY		
WEAK PULSE		
HYPOTHYROID OR HYPERTHYROID DISORDER		
HYPERSENSITIVITY		
INSOMNIA OR SPORADIC SLEEP		
NIGHT TERRORS		
BLURRING OR DOUBLE VISION		
OPTIC NEURITIS		
TINNITUS		
HYPERACUSIS		
ALWAYS FEELING COLD		
BRUISE EASILY		
CONSTANTLY ITCHY SKIN		
ECZEMA, DRY SKIN RASHES		
PREMATURE GREY HAIR		
HAIR LOSS NOT RELATED TO AGE		
THIN, RIDGED NAILS THAT BREAK EASILY		
• OTHER / REASON FOR REQUESTING TREATMENT(PLEASE INCLUDE DETAILS BELOW)		

VERIFICATION			
PLEASE CHECK THAT ALL INFORMATION YOU HAVE PROVIDED ABOVE IS CORRECT AND SIGN BELOW AS CONFIRMATION			
SIGNATURE		PRINT NAME	

