

# Custom Family Care

## CONSENT FOR MAJOR JOINT ASPIRATION AND/OR INJECTION PROCEDURES.

I authorize Dr. Pivovarov to perform \_\_\_\_\_ joint aspiration and/or injection.

I understand my diagnosis to be: DEGENERATIVE JOINT DISEASE\_\_ BURSITIS\_\_ TENDINITIS\_\_. (check)

I have been told about what results to expect, which includes information about the chances for the expected results and about problems that might occur during recuperation. I know that results cannot be guaranteed.

I have been told about and understand the risks and benefits of the procedure listed above. I understand that there are risks for all kinds of procedures. There risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may result in paralysis, cardiac arrest, brain damage, and/or death. Other risks for this procedure may include: NO DECREASE IN PAIN, WORSENERD PAIN, TEMPORARY WEAKNESS OR NUMBNESS FROM LOCAL ANESTHESIA, ALLERGIC REACTION TO MEDICATION. I UNDERSTAND THAT THE RISKS OF STEROID MEDICATION INCLUDE: FLUID RETENTION, INCREASED BLOOD PRESSURE, INCREASED BLOOD SUGAR IF I AM A DIABETIC, MOOD CHANGES, LOWER RESISTANCE TO INJECTION AND OTHER EFFECTS THAT USUALLY LAST UP TO 10 DAYS AFTER INJECTION.

I understand the alternatives to the proposed procedure to be: MEDICATIONS, PHYSICAL THERAPY, DO NOTHING. I UNDERSTAND THE RISKS RELATED TO THE ALTERNATIVE PROCEDURES.

I understand that in order to minimize risk of vessels, nerves and other tissue damage, ultrasound may be used to guide the needle advancement and placement. I consent to ultrasound use if needed.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE:

By signing below I state that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form and I agree to receive the care, treatment or services listed on this consent. I have had a chance to ask questions and all of my questions have been answered.

\_\_\_\_\_ SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

\_\_\_\_\_ PRINTED NAME

\_\_\_\_\_ DATE