**Patient Agreement To Joint / Musculoskeletal Injection**

Patient Name:

Date of Birth:

NHS Number:

**Statement of Health Professional**

|  |  |
| --- | --- |
| Procedure: | Injection of steroid +/- local anaesthetic to: ­ |
| The intended benefits: | Reduced pain, increased mobility |
| Possible risks: | Allergic reaction, bleeding, bruising, facial flushing, fainting, infection, menstrual irregularity, post injection pain, rise in blood sugar in diabetics for a few days, rise in blood pressure for a few days if you have high blood pressure, soft tissue atrophy (permanent dimples) skin de-pigmentation, nerve injury, vascular damage, haemarthrosis (bleeding in to the joint), tendon rupture, no benefit, recurrence of problem, small risk of immunosuppressive effect to viral and bacterial infections. |

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment i.e. option to do nothing) and any particular concerns of those involved.

The following leaflets have been provided: Information on steroid injections

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name: |  | Job Title: | General Practitioner |

**Please read this form carefully and please ask if you have any further questions.**

**You have the right to change your mind at any time, even after you have signed this form.**

**Statement of Interpreter** *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name: |  | Relationship: |  |

**Statement of Patient** (or person with parental responsibility or witness if consents but unable to sign)

**I agree** to the procedure or course of treatment described on this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name: |  | Relationship: |  |

**Copy given to patient?**  **Yes**  **No**

**Consent Guidance:**

[**www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition**](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)