Steroid joint & soft tissue injection consent form

**Name of Patient: Date of Birth:**

**Date:**

The following issues have been discussed:

* The nature of the procedure and the reason for the injection has been explained and advice about aftercare provided.
* Any allergies including dressings and antibiotics? ………………………………………
* The potential risks:
	+ Post injection ‘flare’ – 5% chance (occurs in less than 48 hours after injection)
	+ Infection – Less than 1 in 10,000
	+ Bleeding (Higher risk if patient is on blood thinning medication or has a blood disorder)
	+ Skin Damage – Less than 1% chance (atrophy / lipodystrophy and altered pigmentation)
	+ Tendon Rupture – Less than 1% chance
	+ Cartilage Damage – Theoretical Risk (less likely if patient has less than 3 injections per year)
	+ Soft Tissue Calcification
* Less common risks:
	+ Fainting
	+ Allergic reactions

Please consider reading the patient information leaflet on steroid joint injections.

**Procedure**………………………………………………………………………………………………………………………………

**GP Signature**……………………………………………………..

I (print name) …………………………………………………… consent to the minor surgical procedure as described to me by my doctor. I have read and understood the information detailed above and understand fully the reasons for the procedure.

**Signed**…………………………………………………………….. **Date**…………………………………………………………….