

B12 injection follow up
(Please circle the appropriate answer Y=Yes, N=No, U=Uncertain)

Have you had improvement of symptoms since your last injection? Y N U

Did you have a negative reaction to past injection? Y N U

Any prolonged pain, redness, swelling, or bruising at site of injection? Y N
If yes please describe _____

When was your last injection? _____

Do you feel the injections are helping you? Y N U

Any suggestions regarding your treatment here at Cameron Wellness? _____

We recommend you have your vitamin status checked every 3 months while getting injections. Please initial that you acknowledge this recommendation. _____

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