Wesley

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Attach Lab no. here

Office use only



PATIENT DETAILS					
Patient Name:			Date of Birth:		
Address:					
Home Phone:	Mobile Phone:	Work Phone:			
CLINICAL INFORMATION C	R ATTACH RESULTS				
WEIGHT: Hb: _	CREAT: eGFR: _	ALLERGIES:			
Medical History: ☐ Diabetes	☐ Heart disease	☐ Liver disease	☐ Kidney disease	☐ Pregnant	
Serum Iron: Transferr	in: Ferritin:	Soluble Transferrin Receptor:			
INTRAVENOUS MEDICATIO	ON ORDER				
Tick all that apply. Please issu	ue a valid prescription for the	requested drug.			
	Equation for Iron Deficiency Ane t Hb: 150, or ent's weight, Hb, ferritin for the			eficiency-anemia	
IRON (TOTAL DOSE): Given in	n divided doses; max 1g dose	at a single administ	ration.		
□ 500mg □ 1g □ 1.5g □	2g ☐ Other (Please specify)):			
REFERRING CLINICIAN DE	_				
Address:					
Phone:	Fax:				
Provider No.:	Signature:		Date:		
Please Note: This referral is for the administration	ation of therapy only, this does	not constitute a referra	al for investigation or other	management.	

ESSENTIAL PATIENT INFORMATION FOR IRON INFUSIONS:

You have been referred for an iron infusion for the treatment of iron deficiency. Iron deficiency has many potential causes which may require further investigation by your doctor.

Iron is an essential mineral and adequate levels are required for the normal production of haemoglobin and red blood cells, which carry oxygen in the blood. Iron deficiency can cause lethargy & fatigue and in more severe cases, can cause anaemia which can cause a pale complexion, dizziness, shortness of breath and a reduced capacity for exercise.

Replacing iron by infusion allows for rapid restoration of the body's healthy iron levels with few side effects, unlike oral tablets which take a number of months to have an effect and can cause significant constipation and stomach upset.

In general, side effects with iron infusions are uncommon. Side effects may include nausea, dizziness, headaches, stomach upset, low phosphate levels & muscle or joint aches or pains. There may be some irritation at the cannula site for a number of days following the infusion. In very rare cases where the cannula becomes dislodged during an infusion, the skin around the injection site may be permanently discoloured.

Please ensure you have something to eat and drink (at least 600ml) before your appointment.

Please wear loose fitting clothing for your treatment. It is important that your sleeve can be pushed well above the elbow.

Payment is required on the day of treatment. We accept credit cards (Mastercard & Visa) and eftpos only.



Iron Infusion Patient Consent Form

Informed Consent to Receive Intravenous Iron Replacement Therapy

The patient understands that the administration of intravenous iron comes with the following risks, included but not limited to:

- Anaphylactic reactions, which in rare cases may be potentially fatal
- Paravenous leakage at injection site, potentially leading to long lasting skin discolouration
- Skin Irritations
- Headaches, light headiness
- Tachycardia, Hyper/Hypotension
- · Nausea, Stomach pain, Constipation, Diarrhoea and Vomiting
- Minor reactions may last up to 48 hours post injection

Understanding these risks, patient gives authority for staff of QML Pathology to administer all necessary first aid and/ or resuscitation measures, including alerting an ambulance and my Emergency Contact, in the unlikely event that an adverse or anaphylactic reaction occurs.

As intravenous iron is **not suitable** for patients in some conditions, patient declares that none of the below listed is applicable:

- Pregnancy (QML Pathology does not provide iron infusion service to pregnant patients)
- Allergy to Ferric Carboxymaltose / Ferric Derisomaltose
- Iron overload/Haemochromatosis
- Under the age of 14 years
- Non-iron deficiency related anaemia
- Suffering from fever/sepsis infection

The patient, as stated below, has read information provided on this document as well as QML Pathology's patient information sheet for intravenous iron infusion.

The patient understands that this procedure is undertaken entirely at their own risk and is requesting medical intervention in the form of Intravenous Iron Infusion.

The patient understands and consents to supply of intravenous iron along with upfront payment for service of \$220* to QML Pathology.

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Patient	
Full Name:	. DOB:
Full Address:	
Signature:	. Date:
Doctor performing Iron Infusion	
Signature:	. Date:
*Prices correct at time of publishing. Includes GST.	

