

Synacthen Patient Consent Form and Worksheet

Full Name.....

Date of Birth.....

- Are you taking any prescription medication that may interfere with this test e.g. Prednisone, Cortisone, Hydrocortisone, Dexamethasone, and Betamethasone?
- Last Dose (The Patient must not have taken steroids for at least 8 hrs prior to the test).
- Are you pregnant / breast feeding.....
- Do you suffer from an allergic disorder e.g. Asthma?
N.B Ensure patient has current medication with them including asthma inhaler.
- Have you had a previous reaction to any injection or vaccination?

You may experience minor side effects following the Synacthen injection:

- Local redness and tenderness at the injection site
- Hot flushing
- Skin itchiness and rash
- Drowsiness

The phlebotomist will observe you for any signs of discomfort throughout this test procedure.

I understand the verbal information given and I consent to this procedure:

Signed..... Date.....

Injection Name..... Dose.....

Batch No..... Expiry Date.....

Injection Site..... Needle Gauge.....

Administered By Date..... Time.....

	Time	Blood Taken	Phlebotomist
Pre Synacthen			
½ hour post			
1 hour post			