



PREMIER GASTROENTEROLOGY

CONSULTANTS

CHINTAN MODI, MD.

Gastroenterology & Hepatology
122 James street Edison NJ 08820

TEL: (732) 243-9694

FAX: (732) 243-9695

Premierginj.com

Office@premierginj.com

Corticosteroids - Consent Form

Today, the patient was educated regarding risks and benefits of corticosteroid therapy for treatment of his/her disease state. Patient was educated regarding the fact that this medication is an immunosuppressant and reduces the body's immune response. Patient was educated regarding potential side effects of medication including but not limited to following risks

Side effects:

- Anaphylaxis, Osteonecrosis (AVN), Tendon rupture, Pseudo tumor cerebri, Increased intracranial pressure,
- Pancreatitis, Hirsutism, Weight gain, Nausea/vomiting, Skin pigmentation,
- Headache, Dizziness, Depression, Anxiety, Insomnia,
- Adrenal insufficiency, Cushing syndrome, Diabetes mellitus,
- **Corticosteroids should be avoided during pregnancy**

Need Follow ups:

- Office visit every 3 months is required along with periodic CBC and CMP
- PPD/Chest X-ray before Rx, Hepatitis B/C test
- Pneumonia vaccine every 5 years and yearly flu shot
- Annual skin exam looking for any precancerous lesions on the skin.

The Corticosteroids are only used for induction of remission for the current inflammatory disease. Use of corticosteroids should be avoided for maintenance of the disease activity. I understand that the medication has potential side effects and required follow-ups. I have been explained the risks, and given opportunity to ask questions. Risks of the active disease outweigh the risks of the medication. I understand and agree to start the medication.

Patient Name: _____ Signature: _____ Date: _____