



IV Therapy Consent Form

Patient Name: Birthdate: Today's Date:

Primary Care Physician: Date of Last Exam:

Current Health Conditions:

Current Medications:

Past Medical History (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Angina | <input type="checkbox"/> Ankle Swelling |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> CHF | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Generalized Edema |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Asthma | <input type="checkbox"/> Pulmonary Edema |
| <input type="checkbox"/> Sudden Weight Loss | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anxiety or Panic Attacks |
| <input type="checkbox"/> G6PD Deficiency | | |

Give Pertinent Details of Conditions Listed Above:

Medication, Food, or other Allergies:

Allergic Reactions if Allergies Listed Above (Please Explain):

- Are You Pregnant? Are You Breastfeeding?



IV Therapy Consent Form

Patient Name:

Mobile #:

Provider:

Today's Date:

- 1) You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.
 - a) The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by your provider.
 - b) Alternatives to intravenous therapy is oral supplementation and/or dietary and lifestyle changes.
 - c) Risks of intravenous therapy include:
 - i) Discomfort, bruising, and pain at the site of injection.
 - ii) Inflammation of the vein used for injection, phlebitis.
 - iii) Severe allergic reaction, anaphylaxis, cardiac arrest and death.
 - d) Benefits of intravenous therapy include:
 - i) Injectables are not affected by stomach or intestinal disease.
 - ii) Total amount of infusion is available to the tissues.
 - iii) Nutrients are forced into the cells by means of a high concentration gradient.
 - iv) Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
- 2) You have the right to consent to or refuse the proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above with any different or further procedures which, in the opinion of your physician, may be indicated.
- 3) The procedure will be performed by or under the direction of the provider named above with qualified registered nurses.

Your Signature Below Means That:

1. You understand the information provided on this form and agree to the foregoing.
2. The procedure(s) set forth above has been adequately explained to you by your provider.
3. You have received all the information and explanation you desire concerning the procedure.
4. You authorize and consent to the performance of the procedure(s).

Patient Signature:

Date:

Witness Signature:

Date: