

IV Therapy Consent Form

This document is intended to serve as confirmation of informed consent for IV therapy.

(Initials _____) have informed the physician/nurse of any known allergies to drugs or other substances and of any past reactions to infusions. I have informed the doctor/nurse of all my current medications and supplements.

I understand that I have the right to be informed to the procedure, any feasible alternative options and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

I understand that:

1. The procedure involves inserting a needle into a vein and injecting the prescribed solution.
2. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
3. **Risks** of intravenous therapy include but are not limited to:
 1. **Occasionally to commonly:** Discomfort, bruising and pain at the site of the injection, general feeling of warmth during and after the injection.
 2. **Rarely:** Inflammation of the vein used for injection, phlebitis, metabolic disturbances and injury, sudden drop or elevation of blood pressure, muscle cramps.
 3. **Extremely Rarely:** Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.

4. Benefits of intravenous therapy include:

1. Injectables are not affected by the stomach or intestinal absorption problems.
2. The total amount of infusion is available to the tissues.
3. Nutrients are forced into cells by means of a high concentration gradient.
4. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
5. Support for the immune system, adrenal glands and cardiovascular system.

(Initials_____) am aware that other unforeseeable complications could occur. I do not expect the physician/nurse to anticipate and/or explain all risks and [possible complications. I rely on the physician/nurse to exercise judgement during the course of treatments with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that nutritional IV infusions are investigational and not FDA approved—however, all of our nutrients and supplies come from FDA approved facilities and suppliers). I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV therapy with any different and further procedures which in the opinion of my physician/nurse may be indicated.

My signature below confirms that:

1. I understand the information provided on this form and agree the foregoing.
2. The procedure(s) set forth above has been adequately explained to me by my physician/nurse.
3. I have received all the information and explanation I desire concerning the procedure.
4. I authorize and consent to Good Medicine to perform the procedure(s).

Signature_____ Date _____