

## Informed Consent for IV Vitamin Infusion Therapy

Patient name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact: email \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

### What Will Be Done?

You will be receiving a combination of vitamins, minerals and/or medications and fluids by intravenous (IV) infusion. This means an IV catheter will be inserted into a vein in your hand or arm and an IV infusion will be dripped into the vein. During the infusion you can sit back, relax and enjoy music on your personal mobile device, i.e. cell phone, iPad, etc. We encourage you take this time to relax.

Therefore, Avesta policy dictates that cell phones may not be used for photography, or phone calls, this is to maintain a quiet and respectful atmosphere of privacy. Thank you.

### What Are the possible Side Effects of IV Infusions?

Side effects of receiving an IV are:

- mild discomfort at the site of placement
- bruising
- infiltration
- infection

### Statement of Person Giving Informed Consent

- I have read this consent form and understand the information contained in it. I understand the risks and benefits and have had the opportunity to have all my questions answered to my satisfaction.
- I have had the opportunity to ask questions about this procedure. I consent and would like to proceed with IV infusion treatment.

I understand and agree to the above:

Signature: \_\_\_\_\_

Brief Medical History:

Please list and describe all *diagnosed* medical conditions:

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Please list all medications, herbals, and drugs (i.e. cannabis) you are *currently* taking

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Please list any allergies to *medication* only, and *type* of reaction (hives, swollen throat, rash, nausea):

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Please briefly describe why you are opting for IV infusion therapy today?

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