



Intravenous Vitamin Informed Consent

Client's name _____ Date _____

Vitamins are vital for our body's normal function and are absolutely necessary for our growth, general-well being, and vitality. Except for a few exceptions, vitamins cannot be manufactured or synthesized by the body and their absence or improper absorption results in specific deficiency diseases. Therefore it is important for our body to obtain vitamins from outside sources to battle against the chance for a deficiency. Latest researches indicate that many vitamins taken in large doses can have miraculous healing effects in a wide range of common complaints and illnesses. Proper vitamin infusions can supply the much needed nutrients your body needs to maintain and enhance normal bodily functions.

Intravenous Vitamin delivery is better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, Liquid drinks, Lotions, Topical Creams, and Mouth Sprays.

Intravenous Vitamin common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headache and joint pain.
2. If any of these side effects become severe or troublesome I will contact my physician immediately.
3. I understand that although rare Intravenous Vitamin can result in serious side effects. Although this is a relatively rare occurrence, anyone receiving Intravenous Vitamins should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Intravenous Vitamins, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:

headache	fever
nausea	upset stomach
diarrhea	kidney stones
bloating	finger nail weakening
constipation	hair loss
indigestion or heartburn	rapid heartbeat
abnormal bleeding	heart palpitations
gastrointestinal	restlessness
hyperactivity	muscle cramps and
chest pain	weakness
flushed face	dizziness
chills	

4. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the Intravenous Vitamins.

5. I understand the possibility of having an allergic reaction to any of the ingredients found within the Intravenous Vitamins is quite plausible and that I should communicate with my Physician if I have any known allergic reactions to foods, dyes, preservatives, or any other substances. If I experience any of these following signs of allergic reactions I should immediately consult my primary health care Physician and discontinue further use of the product. Signs of allergic reactions include, but not limited to:

- Itching of skin
- Hives
- Rashes
- Wheezing
- Difficulty breathing
- Swelling of mouth or throat

6. When medications are taken in conjunction with the Intravenous Vitamins, drug interactions could occur. These interactions can either increase your risk of bleeding or block the absorption of the Vitamins into the body. These medications at the time of Intravenous Vitamin delivery should either be discontinued or be consulted with by a Physician. Some of the medications that may cause drug interactions include, but are not limited to:

- Heparin (Fragmin, Lovenox, Innohep...ect.)
- Antithrombin (A Tryn, Thrombate III)
- Argatroban
- Aspirin
- Ibuprofen
- Dipyridamole (Persantine)
- Bivalirudin (Angiomax)
- Clopidogrel (Plavix)
- Warfarin (Coumadin, Jantoven)
- Nonsteroidal anti-inflammatory drugs (Ibuprofen,...etc.)

7. Before starting the Intravenous Vitamin I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

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| Leber's Disease | Schizophrenia |
| Kidney disease | Benign prostatic hypertrophy (BPH) |
| History of Kidney stones | Acetaminophen poisoning |
| Liver disease | Hypertension (high blood pressure) |
| Hormonal disease | History of seizures |
| Cardiovascular disease | Under-active thyroid (hypothyroidism) |
| History of ulcers | An infection |
| History of gastrointestinal problems | Iron deficiency |
| Bipolar disorder (manic depression) | Folic acid deficiency |
| Muscular Dystrophy | Osteoporosis |
| Elliptic seizures | |
| Hypoglycemia | |
| Receiving treatment or taking any medication that might "thin" the blood | |
| Receiving treatment or taking medication that has an effect on bone marrow | |
| Attention Deficit Hyperactivity Disorder (ADHD) | |
| Dependent on intravenous nutrition (TPN) or liquid nutrition products for food | |
| Diabetes, mellitus, or high blood sugar levels | |
| An unusual or allergic reaction other medicines, foods, dyes, or preservatives | |

8. Treatments: Will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Intravenous Vitamins with the above understood. I hereby release the doctor, the person performing the Intravenous Vitamin delivery, and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____