

**Informed Consent TIV Hydration & Wellness IV Hydration/Injections**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**This document is intended to serve as confirmation of informed consent for IV(Intravenous) therapy/IM (Intramuscular) injections as ordered by the provider at TIV Hydration & Wellness**

(Initials) \_\_\_\_\_ I have informed the provider of any known allergies to drugs, supplements, or other substances, especially any ingredients that may be in the solution/injections I am receiving, any past reactions to those or any anesthetics.

(Initials) \_\_\_\_\_ I have informed the provider of all current medications and supplements prescribed to me or over the counter or any other treatments I am currently taking/receiving. I have informed the provider of all medical conditions, diseases, illnesses I have ever been diagnosed with and or treated for.

(Initials) \_\_\_\_\_ I understand I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits of IV therapy/injections.

Except in emergencies, procedures are not performed until I have had the opportunity to receive such information, ask questions and give my informed consent.

**Side Effects/Risks:**

(Initials) \_\_\_\_\_ I understand that the procedure involves inserting a needle into a vein or muscle and injecting the prescribed solution. Alternatives to IV/IM therapy are oral supplements and or dietary or life style changes.

(Initials) \_\_\_\_\_ I understand risk of IV/IM therapy include but are not limited to:

Occasional to common: discomfort at the site, pain and bruising at the site, general feeling of warmth during and after the therapy and infection at the injection site.

Rarely: Inflammation of the vein/muscle used for the injection, phlebitis, metabolic disturbances, injury, reactive hypotension, lightheadedness, dizziness, reactive hypoglycemia.

Extremely rare: Severe allergic reaction, anaphylaxis, fluid volume overload, cardiac arrest, and death.

**Benefits of IV/IM therapy:**

(Initials) \_\_\_\_\_ I understand that IV/IM injections are not affected by the stomach or intestinal absorption problems. The total amount of infusion is available to the tissues. Nutrients are forced into cells by means of a high concentration gradient. Higher doses of nutrients can be given through IV/IM therapy as they bypass the mouth and are not subject to intestinal absorption and irritation.

**The Procedure:**

(Initials) \_\_\_\_\_ I understand that the IV/IM process involves inserting a needle into the vein and infusing the fluids and nutrients over a period of time or inserting a needle directly into a muscle, injecting the nutrients and then removing the needle. You will be monitored throughout the infusion; vital signs will be taken prior to and after treatment and as the providers discretion. No more than 3 attempts will be made for IV access.

**Safety Precautions I Must Take:**

(Initials) \_\_\_\_\_ I understand that I am to monitor the insertion site for signs and symptoms of infection (redness, warmth, swelling, discharge). Notify TIV Hydration & Wellness or my PCP immediately. If I experience a sustained fever greater than 101, do not delay treatment as this could be a sign of a serious infection. If I experience a minor side effect while at home, I will contact TIV Hydration & Wellness or my PCP and if none are available, I can go to an immediate care, emergency room or call 911.

**My Consent for Nutrition/Vitamin Infusion Therapy and Injections Are Voluntary:**

(Initials) \_\_\_\_\_ My request for IV/IM infusion therapy as described is entirely voluntary and I have not been offered any inducement to my consent. I understand that I may refuse treatments at any time. I understand IV/IM nutrition therapy has not been evaluated by the FDA and that this treatment is not to diagnose any medical conditions, substitute current treatment by your primary care provider, cure, treat, prevent any disease or illnesses or any other conditions. I understand a series of treatments may be needed to maintain and achieve the benefits.

**Payment:**

(Initials) \_\_\_\_\_ I understand payment is due in full prior to services can be provided. I understand my insurance will not be billed and that my insurance will most likely not cover these treatments. I understand Medicare/Medicaid will not cover these services. I agree to pay in full if the infusion has to be cancelled or stopped at any time prior to completion based on the discretion of the provider.

**Statement Of Person Giving Informed Consent:**

I have read this consent form and understand the information contained in it and agree to all statements above. I understand the risks and benefits and have had the opportunity to have all my questions answered to my satisfaction. I am aware that other unforeseeable complications could occur, and I do not expect the provider(s) to anticipate and or explain all risks and possible complications. I reply on the provider(s) to exercise judgment during the course of treatment with regards to my



procedure. I understand the risks and benefits of the procedure. I understand I have the right to consent or refuse any proposed treatment as any time prior to it being performed. I affirm I am not pregnant or under the influence of any illegal drugs or alcohol. My signature below on this form affirms that I give my consent to TIV Hydration & Wellness for IV/IM infusion therapy and injections and to the performance of infusion/injection therapy.

---

Patient Signature/Date

---

Witness Signature/Date