

The Virginia Center for Health and Wellness
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Informed consent for IV therapy (general)

Benefits and Risks of Intravenous Therapy

Benefits

- Injectable nutrient absorption into the blood is not diminished in the presence of stomach or intestinal conditions or by the use of certain medications.
- The total amount of nutrients becomes available to the tissues and cells.
- Nutrients are forced into cells by means of high concentration gradients.
- Higher doses of nutrients can be given than possible by mouth without intestinal irritation. This may result in faster healing.

Risks

- Like any treatment, infusion therapy carries some risks of side effects. Some of these are common, such as discomfort at the infusion site or temporary bruising. Temporary discoloration and slight blistering may also occur at the site of the injection. These usually heal quickly. Swelling of the vein at the site of infusion may occur and could require some temporary treatments such as warm compresses and rest. Infection is also a remote possibility with any invasive procedure.
- There have been very few clinical trials utilizing high dose nutrient infusion and therefore this procedure is considered experimental. The procedure could precipitate any of the above reactions and others unknown, and a reaction may be serious enough to require hospitalization.

_____ **By initialing here, I acknowledge that I understand and accept the benefits and risks of intravenous therapy.**

The Limits of Nutrient Intravenous Therapy

I understand that, as with any health treatment, there are no guarantees that I will obtain satisfactory results. If I am being treated for a medical condition, or have symptoms which suggest a medical condition is present, I have been informed that it is in my best interest to discuss potential alternative methods of treatment for my condition with my primary care physician or an appropriate specialist. I may do this before as well as during the course of treatments. I understand the use of this procedure does not preclude me from using other treatments as well, though I recognize I should inform any practitioners I am seeing about the various treatments I am using.

I understand that _____ is not my primary care physician. I understand that it is in my best interest to let my primary care physician and/or any treating specialist know about this treatment to ensure that my care is properly coordinated.

Informed consent to Receive Treatment

I hereby consent to receive treatment as indicated above and certify that I understand the nature of this treatment, including the risks of possible complications and choices I may have about other approaches. I have been adequately informed, and questions I have asked have been satisfactorily answered.

I seek this treatment at my own request based upon the information and recommendation from Dr. _____ . Dr. _____ has satisfactorily explained to me the nature of this treatment and its expected prognosis, as well as anticipated costs, risk, benefits, and experience of receiving other treatment options, including conventional treatment or forgoing any treatment. I represent that I am seeking treatment in order to further my own health and for no other reason and do not represent a third party. I am aware that I may withdraw my consent and stop treatment at any time.

I am willing to accept these risks as explained to me and agree to hold harmless _____ Dr. _____ in the event of any harmful reactions or side effects that were to occur as a result of receiving this treatment.

patients name (printed)

Patients signature

date

Signature of witness

Legal Gardian's name

Signature of legal gardian

physicians signature