IV Therapy / Vitamin Infusion Consent

Informed consent for IV vitamin drips, hydration therapy, and nutrient infusions

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Infusion Details

Infusion Requested *

- [ ] Hydration (Normal Saline / Lactated Ringer's)
- [ ] Myers' Cocktail (B vitamins, C, Magnesium, Calcium)
- [ ] Glutathione (Skin Brightening)
- [ ] Athletic Recovery
- [ ] Custom Blend
- [ ] Vitamin C Infusion
- [ ] NAD+ Infusion
- [ ] Immune Boost (Zinc, Vitamin C, B12)
- [ ] Hangover Recovery

Add-Ons (if applicable)

- [ ] B12 Injection
- [ ] Biotin
- [ ] Zofran (anti-nausea)
- [ ] Toradol (anti-inflammatory)
- [ ] None

Health Screening

Are you currently pregnant or nursing? *

- [ ] Yes
- [ ] No

Do you have kidney disease or are you on dialysis? *

- [ ] Yes
- [ ] No

Do you have congestive heart failure? *

- [ ] Yes
- [ ] No

Do you have any known allergies to vitamins, supplements, or IV contrast? *

- [ ] Yes
- [ ] No

If yes, please describe

Do you have any of the following?

- [ ] Diabetes
- [ ] High blood pressure
- [ ] G6PD Deficiency
- [ ] Hemochromatosis (iron overload)
- [ ] None of the above

Risks & Information

Potential Risks of IV Therapy:
- Pain, bruising, or swelling at the IV site
- Infiltration (fluid leaking into surrounding tissue)
- Phlebitis (vein inflammation)
- Allergic reaction to infusion components
- Infection at the injection site (rare)
- Air embolism (extremely rare)
- Fluid overload in susceptible individuals
- Electrolyte imbalance
- Lightheadedness or nausea during infusion

Important: IV therapy is not a substitute for medical treatment. Results vary by individual.

I have been informed of the potential risks and benefits of IV therapy. I understand this is an elective wellness service.

I understand the risks of IV therapy: _____

Service Log

For office use only

	Date	Component	Dose	Rate
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I consent to the IV therapy described above. I have disclosed all relevant health information and understand the risks and benefits. I understand this is an elective wellness service and not a substitute for medical treatment.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY