

**Patient Information**

Name:­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YY) Age: \_\_\_\_\_\_\_\_\_\_

Sex: M/F (Circle one) Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**Emergency Contact Information**

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

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** (Circle one)

Internet Tradeshow Facebook Instagram Friend Walk-in

What are your main complaints?

* Fatigue or low energy
* Stress
* Poor diet due to busy lifestyle
* Brain fog or trouble concentrating
* Low mood or depression
* Cold or flu like symptoms
* Facial wrinkles or fine lines
* Dull or dry skin
* Malabsorption issues
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which statements best describe why you are here today?

* I want to have more energy and feel better overall
* I want to nourish my body
* I want to enhance and encourage weight loss efforts
* I want to prevent getting sick
* I want to recover quickly from my surgery or illness
* I want to slow the aging process
* I want to look and feel younger
* I want smoother, brighter, more vibrant skin
* I want to cleanse my body of toxins
* I want to recover quickly from a hangover
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Are you pregnant or breastfeeding? Yes/No

Date of last health screening or lab testing \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a diabetic? Yes/ No

Are you a smoker? Yes/ No If yes how much? \_\_\_\_\_\_\_\_\_

How many alcoholic drinks do you consume in a week?

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Do you use any recreational drugs? Yes/ No which ones and how often?

Any Allergies? Yes/No

Please list everything you are currently taking:

Prescriptions Medications- Strength, frequency and why

Over the counter drugs, vitamins or supplements- Strength, frequency and why

Do you have any of the following conditions? (Please check all that apply)

* Blood pressure problems
* Heart problems
* Stroke or mini stroke
* Kidney problems
* Kidney stones
* Asthma
* Sickle cell anemia
* Thyroid problems
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical conditions, not mentioned above

List of all surgical procedures you have had with approximate dates

Is there anything else you would like the nurse and physician to know?

**Intravenous (IV) Nutrient Therapy Consent Form**

**This document is intended to serve as informed consent for your intravenous (IV) Nutrient Therapy as ordered by the physician of Houston Wellness Center.**

(Initials)\_\_\_\_\_\_\_ I have informed the nurse and/or the physician of any known allergies to medications and supplements. I have fully informed the nurse and/or Physician of my medical history.

(Initials)\_\_\_\_\_\_\_ Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure or prevent any medical disease. These IV infusions are not a substitute for your physician’s medical care.

(Initials)\_\_\_\_\_\_\_I understand I have the right to be informed of the procedure, any feasible alternative options and the risks and benefits. Except in emergencies, procedures are not performed until I have an opportunity to receive such information and to give my informed consent.

(Initials)\_\_\_\_\_\_I understand that:

1. The procedure involves inserting a needle into a vein and injecting the prescribed solution.
2. Alternatives to intravenous therapy are oral supplementation and / or dietary and lifestyle changes*.*
3. Risks of intravenous therapy include but are not limited to:
4. Occasionally: discomfort, bruising, and pain at site of injection.
5. Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
6. Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.
7. Benefits of Intravenous therapy include A) injectables are not affected by the stomach, or intestinal absorption problems. B) Total amount of infusion is available to the tissues. C) Nutrients are forced into cells by means of a high a concentration gradient. D) Higher doses of nutrients can be given than possible by mouth without irritation.

(Initials)\_\_\_\_\_\_\_ I am aware that other unforeseeable complications could occur. I do not expect the nurse(s) and/or Physician(s) to anticipate and explain all risk possible complications. I rely on nurse(s) and/or Physician(s) to exercise judgement during the course of treatment with regards to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all my questions answered.

(Initials)\_\_\_\_\_\_\_ I understand that I have the right to consent or refuse any proposed treatment at time prior to its performance. My signature on this form affirms that I have given my consent to IV Nutrient Therapy, including any other procedures which, in the opinion of my physician(s) or other associated with this practice, may be indicated. My signature below confirms that:

1. I understand the information provided on this form and agree to all statements made above.
2. Intravenous (IV) Nutrient Therapy has been adequately explained to me by my nurse and or physician.
3. I have received all the information and explanation I desire concerning the procedure.
4. I authorize consent to the performance of Intravenous (IV) Nutrient Therapy.

Patients Name and Date of Birth- Please print

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Patients Signature and Date

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­­­­Registered Nurse or Physicians name- Please print

Registered Nurse or Physicians signature and date

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**IV Nutrient Therapy at Houston Wellness Center**

**Check list of what to bring:**

* Your complete Intravenous (IV) Infusion Therapy Intake form
* A list of all prescription medications, OTC medications, vitamins/supplements that you take
* A copy of your most recent bloodwork, if applicable (but not required)
* Your signed consent forms
* Your Signed HIPPA Notice
* Make sure you are well hydrated prior to your visit. We suggest drinking 1-2 16oz bottles of water. Dehydration can make it difficult to insert an IV.
* Make sure you eat something prior to your visit. We suggest a high protein snack, such as nuts, seeds, a protein bar, cheese, yogurt or eggs. Low blood sugar can make you feel weak, lightheaded or dizzy.

**During your first visit for IV Vitamin Therapy infusions:**

During your first visit, a Physician, Registered Nurse or Physician assistant will discuss your main complaints and desired outcomes with you. The Physician, Registered Nurse or Physician’s assistant will review your medical and surgical history and any medications you are taking. Based on this assessment, your IV infusion will be customized to address your individual needs.

**What to expect:**

 The IVs used during your IV infusion are the same as you would find in a hospital. Instead of in a clinical experience, our infusions are given in a peaceful spa setting and leave you feeling calm, relaxed and refreshed. Most of our infusions typically last 45 – 60 minutes but we do have a few that may take a little longer because they include a Glutathione Push along with the Vitamin IV Infusion.

**Discharge Instructions for Intravenous (IV) Nutrient Therapy**

How to care for yourself after your IV Nutrient Therapy:

* Apply pressure to site for 2 minutes after IV has been removed
* Keep Band-Aid in place for one hour
* Warm packs and elevating your arm can be used for bruising at the site
* Cold packs can be used for pain relief and to decrease any swelling at the site
* Any swelling at the injection site should be significantly reduced in 24 hours.
* Post IV infusion symptoms are uncommon. Dehydration is the cause of most symptoms and concerns.
* We encourage you to drink at least 1-2 6oz bottles of water after your IV infusion
* If not consuming enough water, you may experience the following symptoms: Headaches, nausea, joint pain, blurred vision, cramping (GI and/or muscular), mental confusion or disorientation.

Most patients experience significant overall improvements such as:

* Better energy
* Better mental clarity
* Improved sleep
* Improvement of their complaints
* Overall feeling of wellbeing

Patients commonly report one of two patterns after an IV Vitamin infusion:

* Patients generally feel better right away. Due to a busy lifestyle, many people are chronically dehydrated and deficient in vitamins and minerals causing them to not feel well. Once the patient is hydrated and the nutrients are replaced their symptoms improve quickly.
* Patients sometimes feel tired or unwell. These Patients are generally in the process of detoxifying. When toxins are pulled out of tissues, they re-enter your blood stream. They remain toxins but they are now on their way OUT instead of IN. Even when patients do not feel well at this stage, the process is one of healing and cleansing. After this period, and overall improvement of one’s sense of wellbeing is generally reported.

Call Houston Wellness Center or your primary care Physician for:

* Any symptoms you are not comfortable with
* If any of the following are progressively worsening after your infusion:
* Significant swelling over the IV site
* Redness over the vein that is increasing in size- Pain in the vein/arm that is not improving over an 8–12-hour period
* Headache that does not resolve with increased hydration or over the counter pain relievers like aspirin, acetaminophen or ibuprofen.

**If you feel like you are having a life-threatening emergency, Please Call 911.**