



IV and Nutrition Infusion/ IM Injection Therapy Consent Form

1. You have the right to be informed of the procedure, feasible alternatives, and the risks and benefits. Procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.
 - a. The Procedure involves inserting a needle into your vein or muscle to inject the formula ordered by the doctor.
 - b. Alternatives to intravenous therapy are oral supplementation and dietary and lifestyle changes.
 - c. Risks of intravenous therapy include:
 - i. Discomfort, bruising and pain at the site of the injection.
 - ii. Inflammation of the vein used for injection (phlebitis).
 - iii. Severe allergic reaction; anaphylaxis, cardiac arrest, death.
 - d. Benefits of injection therapy include:
 - i. Injectables are not affected by stomach or intestinal disease
 - ii. Total amount of infusion is available to the tissues
 - iii. Nutrients are forced into cells by means of a high concentration gradient
 - iv. Higher doses of nutrients can be given than is possible by oral administration, without intestinal irritation
 - e. Contraindications to intravenous and intramuscular injection therapy include
 - i. Absolute contraindication: liver failure, renal failure, Addison's disease, arrhythmia, atrial fibrillation, cardiomyopathy, congestive heart failure, Active infection, cellulitis, or dermatitis at the site of administration.
 - ii. Relative contraindications: bleeding or clotting disorders, Thalassemia, G6PD deficiency, decreased renal function, drug-nutrient interactions, allergy and/or sensitivity to substances intended for IV administration, hypertension.
 - iii. Caution: HIV/AIDS, immune-suppression, post splenectomy, recent burns, malnourishment, chemotherapy
2. You have the right to consent to or refuse the proposed treatment at any time prior to its performance, your signature on this form affirms that you have given your consent to the procedure described above.
3. You understand the information provided on this form and agree to the foregoing.
 - a. The procedure will be performed by or under the direction of a doctor employed by or associated with EVND.
 - b. The doctor will exercise judgment in performing the procedure
 - c. The procedure(s) set forth above has been adequately explained to you by the doctor.
 - d. You have had an opportunity to ask questions. You have received all the information and explanation you desire concerning the procedure.
 - e. You authorize and consent to the performance of the procedure(s).
 - i. The following conditions do not exist in your current state of health and you will immediately notify your practitioner of any changes regarding the following: liver failure, kidney failure, Addison's disease, arrhythmia, atrial fibrillation, cardiomyopathy, congestive heart failure.
 - f. You have notified the doctor about your current status of relative and cautionary contraindications mentioned above and you will notify the practitioner immediately about any changes regarding the status of contradictions in the future.

Full Name: _____

Signature: _____ Date: _____