



Red Deer Wellness Clinic
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IV Therapy Consent Form

This document is intended to serve as a confirmation of informed consent for IV therapy, as prescribed by the Naturopathic Doctor at the Red Deer Wellness Clinic.

(Initials)_____ I have informed the Naturopathic Doctor of any known allergies to drugs, or other substances, or of any past reactions to anesthetics. I have informed the doctor of all current medications and supplements.

(Initials)_____ I understand that 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 had an opportunity to receive such information and to give my informed consent.

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. Side effects of IV Myers' and High Dose Vitamin C include falsely elevated fasting blood glucose readings, within 4 hours of treatment. Accordingly, people with diabetes should check their blood glucose before starting their IV.
4. IV Vitamin C is essentially non-toxic. The risks include hemolysis in G6PD deficiency, a risk of tumor necrosis and tumor hemorrhage, which can lead to death, reports of kidney failure in those, with a history of kidney disease and an increased risk of kidney stones. It is not recommended in those with hemochromatosis. I understand that IV vitamin C cannot be given 24 hours prior to and 48 hours after methotrexate chemotherapy.
5. Risks of intravenous therapy include but are not limited to:
 - a. Occasionally to commonly: Discomfort, bruising and pain at the site of injection.
 - b. Rarely: Inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
 - c. Extremely rarely: Severe allergic reaction, anaphylaxis, infection, cardiac arrest and death.

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Benefits of intravenous therapy include:

1. Injectables are not affected by stomach, or intestinal absorption problems.
2. Total amount of infusion is available to the tissues.
3. Nutrients are forced into cells by means of a high concentration gradient.
4. Higher doses of nutrients can be given than possible by mouth, without intestinal irritation.

I am aware that other unforeseeable complications could occur. I do not expect the Naturopathic Doctor to anticipate or explain all risk and possible complications. I rely on the Naturopathic Doctor to exercise judgment during the course of treatment, with regards to my procedure. I understand that I have the right to consent to or refuse any proposed treatment, at any time, prior to its performance. My signature on this form affirms that I have given my consent to IV therapy with any different or further procedures, which in the opinion of my Naturopathic Doctor, or other associated with this practice, may be indicated.

I understand that all nutrient infusions given at the Red Deer Wellness Clinic are considered investigational/experimental. My signature below confirms that:

1. I understand the information provided on this form and agree to the foregoing.
2. My Naturopathic Doctor has, adequately explained to me, the procedure(s) set forth above.
3. I have received all the information and explanation I desire, concerning the procedure(s).
4. I authorize and consent to the performance of the procedure(s).
5. I understand that intravenous therapies provided are experimental and may not be approved by Health Canada for the treatment of my medical condition.

Client's Name: (Please Print) _____

Signature of Client or Guardian: _____

Date: _____ Signature of Naturopathic Doctor: _____