

IV Therapy Informed Consent Form

I, _____ as a patient, have the right to be informed about my condition and recommended care. This disclosure is to help me become better informed so I may make the decision to give or withhold my consent as to whether or not to undergo IV therapy with Kitty Shang ND, having had the opportunity to discuss potential benefits, risks and hazards involved.

I hereby request and voluntarily consent to examination and treatment with IV therapies of vitamins, and micronutrients and placement of an IV catheter by Kitty Shang ND, a licensed naturopathic doctor. I can request explanation of the procedure or methods of treatment, and information about the material risk of the procedure or treatment. I understand as with drugs, nutritional supplements and IV therapy nutrients may exhibit some side effects in certain sensitive individuals, may interact with certain medications or lab tests, or show symptoms due to certain preexisting disease conditions. I wish to rely on the doctor to exercise judgment in recommending the IV nutrients that she feels at the time, based on the facts then known, is in my best interest. I have had the opportunity to ask questions and discuss with Kitty Shang ND to my satisfaction:

- My suspected diagnosis or condition
- The nature, purpose and potential benefit of the proposed care
- The inherited risks, complications, potential hazards, or side effects of the proposed treatment/procedure
- Reasonable available alternatives to the proposed treatment/procedure
- The possible consequence if the treatment advice is not followed

I understand that there are advantages to intravenous nutritional therapy over oral supplementation or dietary changes:

- Not affected by stomach or intestinal disease
- Total amount given is available to tissue requiring the constituents
- Give doses of nutrients higher than those possible by mouth without intestinal irritation
- Actively push nutrients into cells by means of a high concentration gradient despite low energy due to illness

I agree to follow these guidelines, as discussed by Kitty Shang ND prior to each IV therapy session.

- Stay well hydrated by drinking adequate water the day of your treatment
- Inform Kitty Shang ND of any allergies to any nutrient, lidocaine, metal, or any other allergy you may have prior to treatment
- Inform Kitty Shang ND if you are pregnant, have kidney failure or liver disease.
- Arrive relaxed to further facilitate the treatment.
- Understand that intravenous vitamin therapy is being used only if the doctor deems it therapeutically necessary in your treatment.
- Tell the doctor of any fears you may have about your treatment so they can be addressed prior to treatment.

I understand that in the practice of IV therapy there are some risks of examination and treatment and that the following possible complications could occur, although they are very unlikely:

- Bruising at the site where the needle is inserted. If this occurs, it should resolve in one to two days.
- Slight bleeding when the needle is removed, but it is easily controlled with a little pressure using a clean cotton ball.
- There is a low risk of potential infection. Infection can occur at the site of the needle, however, pre-sterilized disposable needle and intravenous supplies are used to avoid such risk.
- Allergic reaction to a nutrient, a needle, or other supplies used is a potential risk. However hypoallergenic supplies are used to reduce this risk. In the event of an allergic reaction, therapeutic interventions will immediately follow to stop such a reaction. This is why it is important to inform Kitty Shang ND of any possible allergies you may have before your treatment begins.
- There is a potential to feel warming or burning sensation at the site of the needle or in the vein which therapy is being administered through. Please inform the doctor immediately if this occurs. This may be a normal feeling for certain treatment solutions. However, if you are in discomfort or distress, tell your doctor immediately.
- There is a potential for dizziness, feeling faint, or changes in blood pressure and blood sugar during or following your treatment due to some nutrients. Inform the doctor immediately if you feel any of these symptoms. Your safety is a priority and every effort will be made to insure your safety.
- Other rare, but possible side effects include: fever, nausea, edema, upset stomach, difficulty breathing, arrhythmia, stroke, and other unlikely and unforeseeable complications.

I understand that if I have been referred to Kitty Shang ND for IV therapy by another naturopathic doctor, that she is not my naturopathic doctor. I will continue my naturopathic care with my primary naturopathic doctor.

I understand that naturopathic doctors cannot make guarantees of successful treatment. I understand that I am free to withdraw my consent and to discontinue participation in these treatments at any time. I understand that, except in emergencies, I must give 24 hour notice of intent to cancel or reschedule my appointment. Without 24 hour notice, I understand that I will incur and pay a fee equal to the wasted material.

I have read and understand the above. Under the conditions indicated, I hereby place myself under the care of Kitty Shang ND for IV nutrient therapy, and agree to the above release.

Patient's Name: _____

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____