Harmony Community Clinic
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Informed Consent: IV Vitamin and Hydration Therapy

Patient name (print) _____ Date of birth _____ Date _____

1. Treatment description

IV therapy delivers fluids, vitamins, minerals, amino acids, and antioxidants (for example, vitamin C, B-complex, magnesium, zinc, glutathione, or NAD+) directly into a vein through a small catheter. A session usually takes 30 to 90 minutes; NAD+ infusions may take longer. IV wellness therapy is used to support hydration and nutrition. Unless my provider tells me otherwise, it is not a treatment for any disease, and wellness uses of IV nutrients have not been evaluated by the FDA.

Infusion / ingredients _____

2. Alternatives

Alternatives include drinking fluids, eating a balanced diet, oral supplements, injections, or no treatment.

3. Risks

- Pain, bruising, or bleeding where the needle is placed; more than one attempt may be needed.
- Infiltration: fluid leaking into the tissue around the vein, causing swelling and discomfort.
- Inflammation of the vein (phlebitis) or a blood clot in the vein.
- Infection at the IV site.
- Lightheadedness or fainting.
- Allergic reaction, which in rare cases can be severe (anaphylaxis).
- Flushing, warmth, metallic taste, or a cooling sensation in the arm, especially with magnesium.
- With NAD+: flushing, chest pressure, nausea, stomach cramping, headache, or anxiety, usually improved by slowing the infusion.
- Fluid overload or electrolyte changes, especially in people with heart or kidney disease.
- Rare: nerve injury, or air entering the vein (air embolism).

I have read and understand the risks listed above. _____ Initials

4. Screening questions

	Yes	No
Do you have heart failure or other heart disease?	☐	☐
Do you have kidney disease or a history of kidney stones?	☐	☐
Do you have G6PD deficiency? (High-dose vitamin C can cause serious anemia in people with G6PD deficiency.)	☐	☐
Do you take blood thinners?	☐	☐
Have you had a reaction to an IV, vitamin, or medication before?	☐	☐
Have you eaten in the last 4 hours?	☐	☐
Are you pregnant or breastfeeding?	☐	☐

5. My responsibilities

- Eat a light meal and drink water before my infusion.
- Tell staff immediately if I feel pain, burning, or swelling at the IV site, or any chest pain, shortness of breath, itching, or dizziness.
- Keep the IV site clean and watch for redness, warmth, or swelling over the next few days.

In case of a reaction, clinic staff will stop the infusion and provide first-line care. If needed, emergency services (911) will be called and I may be transferred to a hospital at my own expense.

No guarantee: I understand that medicine is not an exact science. Results vary from person to person, and no promise or guarantee has been made to me about the results of this treatment.

Right to refuse or stop: I may refuse this treatment or stop it at any time. Stopping will not affect my right to receive other care at Harmony Community Clinic. Charges for services already provided or medications already dispensed still apply.

I consent to IV vitamin and hydration therapy. _____ Initials

Signatures

By signing below, I confirm that I have read this form (or had it read to me) in a language I understand, that I had the opportunity to ask questions and all of my questions were answered, and that I agree to its terms voluntarily.

Patient name (print)	Patient signature	Date

Parent / guardian / legal representative (print, if applicable)	Relationship to patient	Representative signature	Date

Provider name and credentials	Provider signature	Date

Tell us about your visit

Your opinion helps other families find quality care. After your visit, scan this code with your phone camera to leave Harmony Community Clinic a review on Google.

Thank you for trusting us with your health.