



**SKIN & BEAUTY LAB
IV THERAPY INTAKE & CONSENT FORM**

NAME: _____ DATE: _____

DATE OF BIRTH: _____ AGE _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT & PHONE:

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER RECEIVED IV THERAPY BEFORE? IF YES, WHAT WAS YOUR EXPERIENCE?

LIST ALL KNOWN & SUSPECTED ALLERGIES:

LIST CURRENT & PAST MEDICAL CONDITIONS:

_____ ARRHYTHMIAS _____ BLOOD PRESSURE ISSUES _____ CANCER

_____ MI/ HEART ATTACK _____ CARDIAC ISSUES/ CONCERNS

_____ G6DP DIFFICIENCY _____ ANXIETY _____ SHUNTS/PORTS PLACED



**SKIN & BEAUTY LAB
INFORMED CONSENT FOR IV TREATMENT**

You have the right to be informed of the procedure, any feasible options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had the opportunity to receive such information and given informed consent. The procedure involves inserting a needle into your vein and infusing a mixed formula of vitamins and minerals by a licensed professional. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.

Risk of intravenous therapy include but are not limited to discomfort, bruising, pain at the insertion site, inflammation of the vein used for injection (phlebitis), severe allergic reactions, anaphylaxis and death.

Benefits of intravenous therapy include but are not limited to: 100% absorptions of infused vitamins & minerals, total amount of the infusion is available immediately to the tissues, nutrients are forced into cells by means of high concentration gradient, higher doses of nutrients can be given intravenously than by mouth without causing intestinal irritation.

You have the right to consent or refuse any proposed treatment at any time prior to is performance. Your signature on this form affirms that you have given consent of procedure(s) described above with any different or further procedures which, in the opinion of the licensed professional, may be indicated. You understand the information provided on this form and agree to the foregoing. The procedure(s) set forth above has been adequately explained to you by the licensed professional. You have received all the information and explanation you desire concerning the procedure. You authorize your consent to the performance of the procedure(s).

Signature_____ Date: _____

I understand that this is a fee for service, and therefore not filed with insurance by Forget Me Not Healthcare: Skin & Beauty Lab. A deposit is required for IV appointments, the remaining balance to be paid at the time of service. Refunds on deposits are not valid on no shows and cancels under 24 hours from scheduled appointment. Valid identification such as driver's license/ passport must be present before an IV can be placed. Persons under the age of 18, must be accompanied by a parent.

Signature_____ Date: _____