

## **INTRAVENOUS NUTRITION SUPPLEMENTATION**

### **Patient Consent Form**

**To the patient:** The purpose of this document is to make you aware of the nature of the procedure and the risks so that you can decide whether or not to go ahead with the treatment.

#### **What is Intravenous Nutrition Therapy?**

IV nutritional therapy is a procedure by which vitamins, minerals, amino acids, and other nutrients are slowly administered via a small needle into the patient's vein.

When nutrients are delivered intravenously, the digestive system is bypassed and 100% nutrient absorption is achieved. Introducing nutrients intravenously directly into the circulation ensures that your cells can easily obtain the nutrients needed to repair, heal, function and maintain optimal health.

#### **The Anticipated Benefits of IVNT include:**

- The Injectable nutrients are not affected by stomach, intestinal disease or malabsorption
- The total amount of the infusion is absorbed and available to the tissues
- Nutrients are forced into cells by means of a high concentration gradient
- Higher doses of nutrients can be given than are possible by mouth without intestinal irritation

#### **Proposed Treatment**

Prior to your treatment you will have a consultation with the treating physician and the nutritional recommendations will be discussed. We will not diagnose, treat or cure any specific disease, and the nutritional recommendations we make do not constitute treatment for any disease or affliction.

The purpose of your treatment will be

- To improve your overall nutritional status;
- To improve your general sense of well-being;
- As a prevention of the ageing process;
- To improve your metabolism;
- For possible remission or reduction of pain where present;

## **Limitations**

I understand that an initial series of treatments is recommended and that these treatments may extend over a number of weeks or months. I understand that the benefits of intravenous nutrient therapy are much greater if I follow a healthy lifestyle (non-smoking, weight control, proper exercise, proper diet and nutritional supplementation). I understand that, as with any other medical procedure, I may not receive any benefit because they do not occur predictably with every patient and in a small percentage of patients, they may not occur at all.

## **Risks and Complications**

As with anything we put in our bodies, medications, drugs and nutritional supplements may exhibit some side effects in certain individuals.

Adverse effects from Intravenous Nutrition Therapy include but are not limited to:-

- Discomfort, bruising and pain at the site of injection;
- Inflammation, infiltration or infection at the site of injection.
- There is a potential to feel a warming sensation throughout your body, which is a normal feeling when magnesium is used in your treatment. If however you are in any discomfort or distress, please tell the physician immediately.
- Possible fall in blood pressure, which can be related to magnesium in the IV. The physician will be present and able to help you by stopping the infusion and/or providing some extra IV fluids to bring the blood pressure to normal.
- Allergic reaction or anaphylaxis to a nutrient, a needle, or other supplies used.
- 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.
- Other rare, but possible side effects include: fever, nausea, oedema, upset stomach, difficulty breathing, arrhythmia's and stroke.
- As with any treatment there is also a possibility of other unforeseen adverse effects.

## **Supply of Intravenous Nutrition Therapy**

I understand that Intravenous Nutrition Therapy using Vitamins, Minerals, Amino Acids and other nutrients has been widely used in Europe and the U.S.A for year. I understand that some of the nutrients used are not available in the UK and they are manufactured and obtained from pharmaceutical laboratories in Europe.

## **Alternatives**

This is strictly a voluntary procedure. No treatment is necessary or required. Other alternative treatments, which vary in sensitivity, effects and duration, include oral supplementation and/or dietary and lifestyle changes.

**Cost/Payment**

I am aware of the cost of the procedure and that full payment is expected at the time of service. I am also aware that no procedure fees can be refunded in the case of a sub-optimal result or complication as all fees paid are entirely in respect of the service provided i.e. professional time, expertise, product costs and other costs incurred by the clinic in providing the procedure and such costs are incurred independently of the results achieved. Additional costs may occur should complications arise from the procedure.

**Consent**

I certify that

- I have read and fully understood the above paragraphs and discussed the risks, benefits and alternatives to this procedure.
- I have had sufficient opportunity for discussion and to ask questions
- I have had time to consider the procedure.
- I understand that the nature and purpose of this procedure may be considered medically unnecessary, has not been proven by scientific testing and peer-reviewed publications and is not currently an indicated treatment.
- I believe that I have adequate knowledge to request this procedure and consent to the proposed procedure,
- I accept the risks and complications associated with the procedure and there are no material circumstances preventing me from having this procedure.
- I have provided an accurate medical history and I have not withheld any information.
- I am of the opinion that my request for treatment is for medical reasons and the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining the health of my skin and body and my psychological wellbeing.

**Patient:**

In my professional opinion this treatment will aid the patient's physical and/or psychological wellbeing.

**Clinician:**