



POINT LUMINEUX  
contemporary holistic wellness

## IV Therapy Consultation Form

Client Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Have you had IV Therapy before? \_\_\_\_\_

Main reason for scheduling IV consultation :  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications :

Medication Name	Dose	Frequency

Past Medical History :

Have you ever been diagnosed with :

Hypertension \_\_\_\_\_ Angina \_\_\_\_\_ Ankle Swelling \_\_\_\_\_ Arrythmia \_\_\_\_\_  
CHF \_\_\_\_\_ MI \_\_\_\_\_ Abnormal EKG \_\_\_\_\_ Kidney Dz \_\_\_\_\_  
Edema \_\_\_\_\_ Bleeding disorder \_\_\_\_\_ Asthma \_\_\_\_\_ DM \_\_\_\_\_  
Pulmonary edema \_\_\_\_\_ weight loss \_\_\_\_\_ Anxiety/depression \_\_\_\_\_ G6PD \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Allergies and reaction : \_\_\_\_\_  
\_\_\_\_\_



## Consent and Authorization for Intravenous Therapy

Client Name \_\_\_\_\_ Date \_\_\_\_\_

1. Point Lumineux provides facilities and personnel to perform intravenous therapy. You 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 you have had an opportunity to receive such information and to give you informed consent.
  - a. The procedure involves inserting a needle into your vein or muscle and injecting the formula described by the clinician.
  - b. Alternatives to intravenous therapy include oral supplementation and/or dietary and lifestyle changes.
  - c. Risks of intravenous therapy include :
    - i. Discomfort, bruising, and pain at the site of injection.
    - ii. Inflammation of the vein used for injection, phlebitis
    - iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
  - d. Benefits of intravenous therapy include :
    - i. Injectables are not affected by stomach or intestinal disease.
    - ii. Total amount of infusion is available to the tissues.
    - iii. Nutrients are forced into cells by means of a high concentration gradient.
    - iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
2. You have the right to consent or refuse proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above with any different or further procedures which, in the opinion of your physician, may be indicated.
3. The procedure will be performed by or under the direction of the physician named above with qualified medical assistants.

Your signature below means that :

- a. You understand the information provided on this form and agree to the foregoing.
- b. The procedure(s) set forth above has been adequately explained to you by the clinician.
- c. You have received all the information and explanation you desire concerning the procedure.
- d. You authorize and consent to the performance of the procedure(s).

Patient/Representative Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

Clinician Signature \_\_\_\_\_

