HYDRATION LOUNGE
IV THERAPY & WELLNESS

Email:_____

Phone Number: _____

History Form

Patient Name: _____ Birthdate: _____ Date: _____

Reason for Visit:_____ How did you hear about us?_____

Current health conditions:

_____

_____

Current medications including OTC medications:

_____

_____

Emergency Contact: _____ Phone Number: _____

Past medical history (check all that apply):

Hypertension _____ Angina _____ Ankle swelling _____ Arrhythmia ____ MTHFR_____

CHF _____ Heart attack _____ Abnormal EKG _____ Kidney Disease _____

Generalized edema _____ Bleeding disorder _____ Asthma _____ Thyroid Disease_____

Pulmonary edema _____ Sudden weight loss _____ Diabetes _____ Liver Disease_____

Anxiety or panic attacks _____ G6PD deficiency _____ Immune deficiency _____

Give pertinent details of conditions listed above:

_____

_____

Medication, food, or other allergies:

_____

Allergic reactions if allergies listed above (please explain):

_____

Are you currently pregnant? _____ Are you breastfeeding? _____

HYDRATION LOUNGE
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Consent Form

Patient Name: _____

Ordering Provider: Breanna Brandon, CRNP/Teairah Wilder, CRNP

1) 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 your informed consent.

a) The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by your provider.

b) Alternatives to intravenous therapy is oral supplementation and/or dietary and lifestyle changes. I understand that IV infusion and injection therapy at Hydration Lounge is not intended to diagnose or treat a specific medical condition. I understand that IV infusion and injection therapy will not prevent, treat, or cure and medical condition or disease. Furthermore, I understand that I am here seeking IV infusion and/or injection therapy voluntarily to assist with certain symptoms or ailments I may be experience.

c) I understand that IV and injectable therapy and any claims made about these treatments have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. I understand that these treatments are not FDA approved for any given indications of treatment and are not considered a medical necessity.

d) 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) Low blood pressure, fainting, fluid volume overload, medication interactions, and drop in blood sugar levels.

iv) Severe allergic reaction, anaphylaxis, blood clots, shock, cardiac arrest and death.

v) If you have an immune deficiency, you are at an increase risk for infection.

e) 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 the cells by means of a high concentration gradient.

iv) Higher doses of nutrients can be given than possible by mouth without intestinal irritation.

2. I understand that the benefits of IV and injection therapies include, but are not limited to, enhanced absorption of vitamins and minerals as they bypass the digestive tract, increased total body hydration, alleviation of certain symptoms, increased total body nutrient density, and improved performance/recovery.

HYDRATION LOUNGE
IV THERAPY & WELLNESS

2. You have the right to consent to or refuse the 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 provider, may be indicated.

3. The procedure will be performed by or under the direction of the provider named above with qualified registered nurses.

Your signature below means that:

1. You understand the information provided on this form and agree to the foregoing.
2. The procedure(s) set forth above has been adequately explained to you by your provider.
3. You have received all the information and explanation you desire concerning the procedure.
4. You authorize and consent to the performance of the procedure(s).

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

HYDRATION LOUNGE
IV THERAPY & WELLNESS

Injection Informed Consent

Name:_____ DOB:_____

Lipotropic injections aid in weight loss by increasing your metabolism. Vitamin B-12 helps maintain optimal health and has been shown to be beneficial in helping to reduce fatigue, improve memory, and maintain a healthy body weight. It is what your body uses to help create energy, which is one of the reasons people feel more energized when they take B12. Biotin helps with the growth of hair, skin, and nails.

While all components of a lipotropic, Biotin, Glutathione, and Vitamin C injections generally have no side effects, you need to remember that all medications and supplements have potential side effects, including B12, methionine, inositol, choline, Biotin,Glutathione, Vitamin C and amino acids. Most people tolerate B12, lipotropic, Biotin,Glutathione, and Vitamin C injections without issue as side effects are rare.

Potential common B12, Vitamin C, Glutathione, Biotin side effects include, but are not limited to: mild diarrhea, upset stomach, nausea, pain at the injection site, swelling, headache and joint pain.

Potential common lipotropic injection side effects include, but are not limited to: stomach upset, diarrhea, urinary frequency/urgency/hesitancy, fatigue, elevated heart rate, and restlessness.

You acknowledge:

1. I understand that although rare, vitamin B12, lipotropic, Vitamin C, Glutathione or Biotin can result in serious side effects. If these occur, you should follow up with a medical provider or go to the emergency department immediately. Uncommon and dangerous side effects include: rapid heartbeat, chest pain, flushed face, muscle cramps, weakness, difficulty breathing and swallowing, dizziness, confusion, rapid weight gain, feeling of tightness in the chest, hives and rashes, shortness of breath when there is no physical exertion and unusual wheezing and coughing.

2. Before starting vitamin B12, lipotropic, Vitamin C, Glutathione or Biotin injections I agree to make my Hydration Lounge aware if I have any of these conditions: Leber's Disease, liver disease, kidney disease, iron deficiency, folic acid deficiency, cardiovascular disease, receiving any treatment or taking any medication that has an effect on bone marrow, or drug/supplement allergies.

3. I understand that there could be interactions with B12, lipotropic, Vitamin C and glutathione, and Biotin injections and certain medications/supplements.

4. The use of B12, lipotropic, Biotin, Vitamin C and Glutathione injections on a weekly to biweekly basis without a documented B12 deficiency is considered off label use and has not been FDA approved for increasing energy levels and weight loss.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for B12, Biotin, Vitamin C, Glutathione and/or lipotropic injections. I agree to inform my medical provider immediately if I have any side effects. I hereby release Hydration Lounge, Teairah Wilder/Breanna Brandon, CRNP and the person injecting the B12, Biotin, or lipotropic injection of any damages or liability if anything was to occur.

Patient Signature_____ Date: _____