



Date _____

Name _____ / _____ / _____
last first middle initial

Personal Health # _____ - _____ Male Female

Home Address _____

City _____ Postal Code _____ Home Telephone # _____

Business Telephone # _____ Cell # _____

E-Mail Address _____

Best way to contact you: Home # Work # Cell # Email

Birth Date ____/____/____ Marital Status M S W D
Y M D

Emergency Contact Name, Address, Phone# _____

Occupation & Company Name _____

Physician's (G.P) Name, Address, Phone# _____

Date of last physical examination ____/____/____
Y M D

On occasion, our practitioners will communicate your clinical condition with your Physician.

Do you have health insurance other than Alberta Health Care? Yes No

How did you first find out about the clinic?

- Patient Referral * Health Care Event Internet Search Physician Referral *
 Walk In Sport Team Referral * Trainer Referral * Website Other*

* Please specify the name of the person referring you: _____



Reasons for wanting IV therapy: _____

Height: _____ Weight: _____ lbs.

Allergies (known or suspected, eg. sulfa drugs, lidocaine): _____

Medical conditions: _____

Previous hospitalizations (surgeries, ER visits): _____

Other health concerns: _____

Medications - List all your present medications including drugs, vitamins, minerals, homeopathics, herbs and their dosages:

Have you previously had an IV or injection treatment? **Yes / No**

Have you consumed any substances including alcohol or drugs in the past 8 hours? **Yes / No**

Medical Disorders (for the doctor to fill out during your visit)

Kidney function:

Recent testing: _____
 Results: _____
 Urination problems: _____
 Lower back pain: _____
 *Urine strip: _____

Liver function:

Recent testing: _____
 Results: _____
 Digestive problems: _____
 Skin colour: _____
 RUQ pain: _____

Heart function:

Recent testing: _____
 Results: _____
 Blood pressure: _____
 Heart Rate: _____
 Rhythm: _____
 Skin colour/temperature at feet/ankles:

Blood disorders:

Thalassemia: _____
 G6PD: _____
 Spherocytosis: _____
 Sickle cell: _____
 Clotting: _____
 Hemochromatosis:

Posterior tibial and dorsal pedal pulses:

History of raynaud's:

Neurological:

Recent testing: _____
 Results: _____
 Numbness or tingling:

Blood sugar:

Recent testing: _____
 Results: _____
 Between meal symptoms:

RBS and time taken: _____

Last meal: _____

I have filled out the preceding paperwork honestly and to the best of my knowledge. I have answered the questions honestly as presented on this page. I have reviewed the information on this page and agree that any information that I have given is reflected in the answers on this page as filled out by the practitioner conducting the interview. I understand that false answers may lead to complications in my treatment.

Patient signature: _____

CONSENT FOR TREATMENT

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR 1ST IV

Intravenous (IV) therapy, is the practice of injecting therapeutic substances into the blood via the venous system. Intramuscular injection is the practice of injecting therapeutic substances into the muscle. In order to function optimally and help fight disease, the body needs nutrients. In order for nutrients to do their thing, they must first be properly absorbed. If you are not able to breakdown, process and absorb all the good stuff from these foods, your body will not be able to function at its best. With IV therapy, we skip the digestive process and add nutrients straight to your blood. By doing this, we can achieve serum concentrations not obtainable with oral or intramuscular administration.

Before your IV treatment:

1. Eat a substantial meal before you come for your treatment. You may bring a snack. You need to drink at least 4 glasses of water during your treatment and as much water as possible the rest of the day.
2. Do not consume more than 2 cups of coffee 24 hours before and after your IV therapy
3. Any changes in pharmaceutical medicines, please tell the doctor immediately BEFORE your treatment.
4. If you experienced any adverse reactions or symptoms after your treatment, please notify the doctor.
5. Failure to follow these rules may result in an inability to access your veins. Regardless of successful completion of therapy, you will be billed for your IV therapy.

During your IV treatment:

1. Do not cross your legs
2. Loosen any tight or constrictive clothing
3. STAY AWAKE during treatment
4. Let the doctor know immediately if you experience anything unusual during your treatment (i.e., dizzy, weak, tingling, etc.); also inform the doctor if you are having pain in the IV site or otherwise.
5. If you notice pain or swelling in the IV site and there is no doctor immediately available, pinch off the IV tubing until a doctor comes to assist you.
6. Patients with extensive healthcare needs should have one family member remain on the premises to assist them if necessary.

I understand that the potential alternatives to intravenous/injection therapy are oral supplementation and dietary/lifestyle changes.

I have been informed that the risks and complications of intravenous/injection therapy are:



discomfort, bruising and/or pain at the injection site, inflammation of the vein used for injection (phlebitis) or severe allergic reaction: anaphylaxis, cardiac arrest, death.

I understand that the benefits of intravenous/injection therapy include: bypassing the digestive system, and nutrients passively diffusing into cells via high concentration gradient.

I understand that the risks of NO intravenous/injection therapy are: intestinal irritation from oral supplementation, continued decreased nutrient statuses, and my current condition staying the same or getting worse.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical records at any time and can request a copy of it by paying the appropriate fee.

I understand that the Naturopathic Doctor will answer any questions that I have to the best of his or her ability.

I understand that charges are to be paid at the time of the visit.

I understand that a fee will be charged (Missed Appointment Fee) for any missed appointments or late cancellations (less than 24 hours).

If I have coverage for naturopathic medicine, it is my responsibility to bill my insurance company. I have read and understood the above stated policies and information. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name: (Please Print) _____

Signature of Patient: _____ Date: _____

Signature of Doctor: _____ Date: _____

WHAT TO EXPECT FROM IV THERAPY

Set up for Success: Dehydration can make needle insertion more difficult, please be sure to drink at least one litre of water before coming in for your IV. It is also important that you eat something substantial before receiving intravenous therapy.

How You May Feel in the 12-24 Hour Post-IV Window: Some people may experience lightheadedness, nausea, fatigue, restless sleep, headache, and tenderness, bruising or swelling at the needle insertion site. If you experience these symptoms and they do not resolve in 48 hours, please contact the clinic at 403-225-3842.

Benefits of IV Therapy: Increased energy, improved sleep and general feelings of well being are generally experienced the days following IV therapy.

Rare but Potentially Serious Complications of IV Therapy:

Phlebitis: Superficial thrombophlebitis is inflammation of a vein just under the skin. It is the most common complication of IV therapy affecting about 10% of patients. A small blood clot can form in the vein, but is not serious. The condition usually settles and goes away within 2-6 weeks. Superficial thrombophlebitis is NOT the same as deep vein thrombosis (DVT), a much more serious condition. A single case of phlebitis does not predispose you to having irritation after every treatment.

Infection: Sometimes the injected vein can become infected, although we take all precautions to prevent this from happening. Pain may develop in the event that infection does occur, as well as redness and swelling. The pain may become worse and the redness can spread. You are likely to feel generally unwell. Infection is more common in individuals who have had a drip inserted for a long period of time, in people who abuse 'street drugs' or in people with a weakened immune system. Antibiotics are needed to treat the infection. Please seek immediate medical attention if infection is suspected.

Allergic Reaction: Although there are low risks of allergy with nutrients, occasionally patients may be allergic to a substance without previous knowledge. If you begin to experience trouble breathing, rash or fever, please seek **immediate medical attention**.