



General Vitamin Injections Informed Consent

Client's name: _____

Date of Birth: _____

Vitamins are vital for our body's normal function and are absolutely necessary for our growth, general-well being, and vitality. Except for a few exceptions, vitamins cannot be manufactured or synthesized by the body and their absence or improper absorption results in specific deficiency diseases. Therefore, it is important for our body to obtain vitamins from outside sources to battle against vitamin deficiency. Research indicates that many vitamins taken in large doses can have miraculous healing effects in a wide range of common complaints and illnesses. Proper vitamin injections can supply the much needed nutrients your body needs to maintain and enhance normal bodily functions.

Vitamin Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, Liquid Drinks, Lotions, Topical Creams, and Mouth Sprays.

Please read and sign the following informed consent prior to treatment:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, mild pain, a warm sensation at the site of the injection, a sense of feeling swollen over the entire body, headache and joint pain.
2. If any of these side effects become severe or troublesome I will contact my physician immediately.
3. I understand that Vitamin injections can result in rare but serious side effects. These uncommon but serious side effects should be reported to your provider to be evaluated. These side effects include:

- Headache
- Nausea
- Diarrhea
- Bloating
- Constipation
- Indigestion or Heartburn
- Abnormal Bleeding
- Gastrointestinal Hyperactivity
- Chest Pain
- Flushed Face
- Weakness
- Chills
- Fever
- Upset Stomach
- Kidney Stones
- Fingernail Weakening
- Hair Loss
- Rapid Heartbeat
- Heart Palpitations
- Restlessness
- Muscle Cramps
- Dizziness

4. I understand the possibility of having an allergic reaction to any of the ingredients found within the Vitamin injection. I will communicate with my provider if I have any known allergic reactions to foods, dyes, preservatives, or any other substances. If I experience any of the following signs of allergic reaction, I will immediately consult my provider and discontinue further use of the product. Signs of allergic reactions include, but not are not limited to:

- Itching of skin
- Hives
- Rashes
- Wheezing
- Difficulty breathing
- Swelling of mouth or throat

5. When medications are taken in conjunction with the Vitamin Injection, drug interactions could occur. These interactions can either increase your risk of bleeding or block the absorption of the Vitamins into the body. Consult with your provider regarding any medications you are taking prior to receiving Vitamin injections. Some of the medications that may cause drug interactions include, but are not limited to:

- Heparin (Fragmin, Lovenox, Innohep...ect.)
- Antithrombin (A Tryn, Thrombate III)
- Clopidogrel (Plavix)
- Warfarin (Coumadin, Jantoven)
- Nonsteroidal anti-inflammatory drugs (Ibuprofen,...etc.)
- Argatroban
- Aspirin
- Ibuprofen
- Dipyridamole (Persantine)
- Bivalirudin (Angiomax)

6. Before starting the Vitamin injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Leber's Disease
- Kidney disease
- History of Kidney stones
- Liver disease
- Hormonal disease
- Cardiovascular disease
- History of ulcers
- History of gastrointestinal problems
- Bipolar disorder (manic depression)
- Attention Deficit Hyperactivity Disorder
- Muscular Dystrophy
- Epilleptic seizures
- Hypoglycemia
- Schizophrenia
- Benign prostatic hypertrophy (BPH)
- Acetaminophen poisoning
- Hypertension (high blood pressure)
- History of seizures
- Under-active thyroid (hypothyroidism)
- Osteoporosis
- Receiving treatment or taking any medication that might "thin" the blood
- Receiving treatment or taking medication that has an effect on bone marrow
- An infection
- Iron deficiency
- Folic acid deficiency
- Dependent on intravenous nutrition (TPN) or liquid nutrition products for food
- Diabetes, mellitus, or high blood sugar levels
- An unusual or allergic reaction to other medicines, foods, dyes, or preservatives

7. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the Vitamin Injection.

8. Treatments: Will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. By signing below, I acknowledge that I have read this informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this, and all subsequent vitamin injections with the above understood. I hereby release the doctor, the person performing the injecting and Complete Care from any liability associated with this procedure.

Patient Signature _____ Date: _____