



# NIECY'S

## WELLNESS & MEDICAL SPA

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### **Intravenous and Massage Chair Therapy Waiver Form:**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ REASON FOR APPT \_\_\_\_\_

Intravenous therapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Clearance from medical primary care doctor is required before receiving intravenous therapy at Niecy's Wellness and Medical Spa. Niecy's Wellness and Medical Spa assumes no responsibility for customers choosing to treat themselves.

The use of intravenous therapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. Intravenous therapy is NOT a substitute for any conventional medication or medical condition. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions intravenous therapy use, or possible contraindications, please consult with your physician or health professional.

### **PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING MEDICAL HISTORY:**

#### **HAVE YOU NOW OR HAD IN THE PAST?**

- |  |     |
|--|-----|
| 1. Congestive heart failure?                               | Y/N |
| 2. Severe Renal Impairment?                                | Y/N |
| 3. Heart attack/stroke?                                    | Y/N |
| 4. Condition of sodium retention or electrolyte imbalance? | Y/N |
| 5. Edema water retention?                                  | Y/N |
| 6. High/Low Blood Pressure?                                | Y/N |



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## WELLNESS & MEDICAL SPA

- |   |     |
|---|-----|
| 7. Severe frequent headaches?                                   | Y/N |
| 8. Fainting/ Seizures/ Epilepsy?                                | Y/N |
| 9. Diabetes/ Low Blood Sugar?                                   | Y/N |
| 10. Any liver conditions? (i.e. Liver Cirrhosis, Liver Disease) | Y/N |
| 11. Any Allergies? If yes, please list here.                    | Y/N |
| <hr/>   |     |
| 12. Do you have Sulfa Allergies?                                | Y/N |
| 13. Do you have or have had asthma?                             | Y/N |
| 14. *Females Only: Are you pregnant?                            | Y/N |
| 15. Medical history? Please list below                          |     |
- 
- 

If you answered yes to any of the above questions, have you received clearance from your primary provider or have you received IV Therapy before? Y/N

If answered no, please seek medical clearance from your primary provider before use IV therapy

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### PREPARING FOR YOUR IV TREATMENT:

- **ATTIRE:** Please wear a shirt that can roll-up above your elbow to allow access to your arm.
- **HYDRATE BEFORE EVERY IV:** The more hydrated you are, the more easily accessible your veins are, making for a more comfortable treatment.
- **HAVE SOMETHING TO EAT:** Some of the vitamins and minerals can have a temporary blood sugar, and blood pressure lowering effect, which can make you feel light headed during or after your IV if you haven't eaten.
- **GET MOVING:** If we are sedentary right before an IV, our vessels may be more difficult to access.
- **ALLOW YOURSELF ENOUGH TIME:** Give yourself enough time to arrive so you can get comfortable and relaxed prior to your treatment. This will make your experience more enjoyable and effective.

### WHAT TO EXPECT DURING YOUR IV TREATMENT:

- The IV can take anywhere from 45 minutes to 1 1/2 hours depending on the type of IV drip you're receiving. Please plan to be here for a minimum of 1 hour.
- During your IV, you may experience coldness, stiffness, and sensation of pressure or tingling from your fingertips, up your arm and into your chest. You may also taste or smell the vitamins; often they are described as having a metallic quality. These sensations are normal and to be expected. They will resolve immediately following your IV.
- Let your IV therapist know right away if you experience any discomfort during your treatment including burning, stinging, aching or feelings of nausea or light-headedness. We have many solutions to improve your comfort!
- The most common IV complication is known as an infiltration, which occurs when IV fluid leaks into surrounding tissues. Infiltration can be caused by dislodgment of the IV needle, most often by patient movement. Although this is a non-serious complication, it is important to keep your arm still during your treatment to prevent discomfort and delay to your treatment.



# NIECY'S

## WELLNESS & MEDICAL SPA

- Many people enjoy an immediate feeling of relaxation during their treatment. Your IV should be an experience you enjoy every time, so please let us know what we can do to make your experience the most comfortable!

### **WHAT TO EXPECT AFTER YOUR IV TREATMENT:**

- Many people experience an increase in energy, mental alertness and overall sense of wellbeing immediately following their IV treatment. These effects may be subtle or may not be noticed until the next day or days following treatment. You may require several IV treatments before you begin to experience a benefit.
- Chronic stress, illness, lack of sleep and poor eating habits, can all contribute to nutrient depletion. Without adequate nutrition, metabolism inside our cells becomes sluggish, leading to a buildup of waste product inside the cell. IV therapy delivers high doses of vitamins, minerals, antioxidants and amino acids directly into the blood stream that readily cross cell membranes to 'kick-start' cellular metabolism. It is therefore normal to experience mild fatigue, headache, nausea or light-headedness following your IV treatment. This is especially common after your first few IV treatments, as your body works to clear any stored metabolic waste products.
- You may continue with your daily activities, including exercise following your IV treatment. It is important to continue to stay hydrated and eat regular meals.
- Minor bruising of the IV site is common and should resolve within the week. If you experience redness, swelling or pain of your arm or at your injection site, please contact us right away.
- If you have any questions or concerns following your IV treatment, please contact our office to speak with one of our IV Therapists.

### **IV THERAPY AND MASSAGE CHAIR AGREEMENT/ ACKNOWLEDGEMENT**

Our hydration therapy is specifically designed to counteract symptoms of dehydration, fatigue, and the residual effects of nutrients and H<sub>2</sub>O depletion. We offer no diagnostic testing, make no medical diagnoses, and reserve the right to refuse treatment to any patients we deem are intoxicated, unstable, or whose symptoms are not consistent with the above. The vast majority of our clients receiving our therapy feel greatly improved; however, every individual is different and there is no guarantee that you will feel better after an infusion; nor does your improvement of symptoms exclude other coexisting potential medical conditions. This document is designed to serve as confirmation of informed consent for IV therapy as suggested by the qualified staff present at the current location. I have informed the staff of any known allergies to drugs or other substances, or of any past reactions to anesthetics. I have informed the staff of all current medications and supplements I am taking. I understand that I 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 I have had an opportunity to receive such information and give my concerns. The massage chair is used strictly for relaxation and comfort. If you have any of the following conditions listed on page 4, please do not turn on massage chair during treatment.

### **I UNDERSTAND THAT**

The procedure involves inserting a needle into a vein and injecting the selected solution. Risks of intravenous therapy include, but are not limited to: discomfort, bruising, and pain at the site of injection. Other rare but possible side effects include but are not limited to: inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury. Nutrients are forced into the cells by means of a high concentration ingredient. I understand the information provided on this form and agree to the foregoing. I have received all the information



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and explanation I desire concerning the procedure. I authorize and consent to the performance of the procedures(s).

If you have the following conditions it is advised to not turn on massage chair during IV treatment:

- Suffered from malignant tumor
- Serious heart disease
- Serious skin disease
- Serious boned hyperplasia
- Pregnancy
- Bedrest per doctors' orders
- Severe arthritis
- Pacemaker
- Sever bowel disease (gastritis, enteritis, diarrhea, hepatitis)
- Serious blood circulation trouble
- Consciousness trouble
- Accident by disease

**Cancellation Policy: Must cancel appointment at least 24 hours before scheduled appointment. Failure to do so will result in payment of deposit.**

Glutathione should not be given via IV (intravenous) infusion or IM (intramuscular) injection to anyone who has a sulfa allergy AND has ever had a history of asthma or presently has asthma. This could possibly cause allergic and/or anaphylaxis reactions. Use caution if the guest has either asthma OR a Sulfa Allergy. Anyone with diabetes needs to be aware that when receiving an IV infusion with any amount of Vitamin C, they may not get an accurate blood sugar for up to 8 hours after infusion.

BY SIGNING THIS WAIVER I AGREE THAT:

- I understand the intravenous and massage chair procedure and I accept the risks, and possible side effects of the treatment.
- I understand that I should not use or use with caution Glutathione if I have a Sulfa allergy or history/current asthma
- I understand that any IV with vitamin C may cause an inaccurate blood sugar reading for up to 8 hours after infusion
- I grant Niecy's Wellness and Medical Spa permission to give me a an intravenous infusion and to use massage chair if I do not have the following conditions listed above, and I do not hold them responsible for any adverse health reactions.
- I am aware that the results are not guaranteed and I may require more treatments to achieve my desired results.
- I will make Niecy's Wellness and Medical Spa aware of any changes to my medical history before every subsequent treatment.
- I acknowledge that this consent will cover this treatment as well as subsequent treatments I may have.
- At Niecy's Wellness and Medical Spa, we ask that you obtain primary care physician clearance before any treatment



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**LIMITATION OF LIABILITY:** You agree, acknowledge, and voluntarily assume the risk of injury, accident or death which may arise from the use of intravenous and massage chair therapy. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of intravenous and massage chair therapy and from any advice provided by an employee, independent contractor, or any representative. I agree that this disclaimer and consent is in effect for all intravenous and massage chair therapy sessions and will not expire unless specifically requested by either party. I understand that if any new health conditions and/or medication changes are made, I will consult with my primary care doctor to be cleared again before further use. I further understand that the employees and practitioners at Niecy's Wellness and Medical Spa are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor. I have carefully read the above safety instructions for intravenous and massage chair therapy. I fully understand them and fully agree to comply with instructions. I will consult with the staff of Niecy's Wellness and Medical Spa if I have further questions.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

If under the age of 18- PARENT GUARDIAN

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRACTITIONER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICAL DIRECTOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_