



PRE- AND POST-VISIT INSTRUCTIONS

To have a safe and effective IV therapy session, it is important that you adhere to the following pre- and post-visit instructions.

Before your appointment:

- Plan to be at the clinic at least 15 minutes before your infusion to fill out necessary paperwork if you are a first-time patient.
 - If you are a repeat patient, then arrive 5 minutes before infusion.
- You can take your regular medications as normal on the day of treatment. If you are taking any of the following medications, you must hold them the day of your treatment:

After your IV infusion:

- Continue to wear dressing applied to the IV infusion site for 1 hour to prevent bleeding.
- You can apply cold packs or take naproxen (Aleve) for any post-injection/-infusion pain.
- A light meal and 16 ounces of water are recommended after the infusion.
- Monitor your IV site for redness, pain, warmth, or swelling. This could be a sign of infection or an adverse reaction. If this occurs, please call Cultivating Resilience, LLC.
- Continue routine follow-up with your mental health and/or primary care provider for continued treatment and evaluation.
- If any mild side effects occur such as hives, nausea, fever, cramping, headaches, or any additional non-life-threatening symptoms, please call Cultivating Resilience, LLC immediately. If it is after hours, then please report to your closest urgent care or emergency department.
- If any type of serious adverse events occurs such as diffuse hives, shortness of breath, trouble swallowing, chest pain, severe headache, changes in consciousness, increased pain/swelling in the arm the infusion was given in, or anything else that is concerning, call 911 or report to the emergency department immediately.
- You can expect to feel improvements in your symptoms within 15-90 minutes of your infusion. These effects can last up to 1.5 weeks.
- Patients can present for repeat infusions every 2 weeks unless determined otherwise by your treating provider.

Additional instructions:

If you have any questions or concerns, please feel free to reach out to Cultivating Resilience, LLC.



Your next appointment date and time:

I acknowledge that I understand the instructions that need to be followed prior to and after my treatment. I certify that I will follow these instructions and notify Cultivating Resilience, LLC of any changes in my condition or drug/supplement use.

Printed Name: _____

Signature: _____ Date: _____