



HYDRATE NWA
CUSTOM IV HYDRATION

**INFORMED CONSENT FOR HYDRATION THERAPY SERVICES
AND ARBITRATION AGREEMENT**

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: _____

Gender: _____

Date of Birth: (VALID IDENTIFICATION REQUIRED) _____

Emergency Contact Information:

Name: _____

Telephone No.: _____

Relationship: _____

Why are you visiting Hydrate today? Please check all that apply.

Alcohol-related illness

Viral Syndrome

Nausea

Vomiting

Diarrhea with nausea and vomiting

Diarrhea without nausea and vomiting

Flu/Flu like symptoms

Current Medications and Current Dosage (Including all prescription, over the counter, herbs, vitamins, and supplements):

Allergies: _____

Type of reaction: _____

1. Have you been hospitalized or under the care of a physician in the past month? YES NO

2. Medical History:

Congestive Heart Failure YES NO

Liver Disease YES NO

Kidney Disease or Renal Insufficiency YES NO

Gastrointestinal bleeding YES NO

3. Do you currently take a blood thinner? YES NO

4. Do you currently take or use any type of steroid? YES NO

5. Are you pregnant? YES NO Date of last menstruation: _____

PLEASE INITIAL BELOW:

If you answered (“Yes”) to any of the above questions 1-5, it may be advised by the Medical Director that you not receive IV Fluids, and you may be denied services.

I understand that participating in the intravenous (IV) hydration and vitamin administration services provided by Hydrate Health, NWA, PLLC carries risks.

I have truthfully answered all questions regarding my medical history and have informed the staff about any and all prescription medications and/or over the counter drugs I take, as well as any street or recreational drugs. I understand that failing to inform the staff about my medical issues and/or drug use can lead to serious complications. _____

I acknowledge that I am responsible for any medical care I may have that is directly or indirectly related to the services provided by Hydrate Health, NWA, PLLC. If I seek medical treatment for any side effect or reaction, it will be at my own expense.

I acknowledge and agree that the sole risk of injury or harm resulting in any manner from my voluntary participation in Hydrate Health, NWA, PLLC’s services rests entirely with me to the extent that I fail to disclose my health condition(s), medications, or drug use in advance of the services provided. _____

I expressly represent and warrant to Hydrate Health, NWA, PLLC that I have never been diagnosed with or treated for any illnesses or conditions that may result in increased risk when participating in the services provided by Hydrate Health, NWA, PLLC. I understand that Hydrate Health, NWA, PLLC bears no responsibility for and will not screen for, diagnose, monitor, or provide any care for such conditions. _____

I acknowledge that Hydrate Health, NWA, PLLC relies upon information provided by me in assessing my ability to participate in the services provided. _____

There is no guarantee that hydration therapy will temporarily or permanently cure or resolve your hangover, effects of altitude sickness, dehydration, or viral illness.

Please drink alcohol in moderation. Heavy drinking after hydration therapy can lead to stomach irritation or other complications.

Hydration therapy is not a cure for heavy drinking. Excessive drinking can lead to alcohol poisoning and other serious medical problems. Always drink alcohol in moderation.

Hydrate is not a medical clinic. If you feel that you need medical attention or are concerned about a new or ongoing medical problem, please go to the nearest emergency department or call 911.

IV HYDRATION RISKS INCLUDE THE FOLLOWING:

Injury	Misplacement of IV lines in the body
Bleeding	Air Embolism
Infection	Fluid overload
Inflammation/Swelling	Adverse interactions with medications
Extravasation	Nerve injury
Extravasation of fluid	Lightheadedness or fainting
Damage to surrounding structures (temporary or permanent) due to placement of IV	Bruising or scarring from insertion of IV

I acknowledge that I have been given the opportunity to discuss the nature and purpose of the treatment and the risks, complications, and consequences associated with the procedures. I am aware that it is impossible to foresee or predict all possible risks, complications, and consequences, and I do not expect that the staff to anticipate or explain all associated risks. _____

I waive any and all claims related to the services provided and agree to hold Hydrate Health, NWA, PLLC harmless regarding any complications or consequences I experience during or following the service. _____

*******ARBITRATION AGREEMENT—READ CAREFULLY*******

It is understood and agreed by Hydrate Health, NWA, PLLC and _____, as a recipient of services, that any legal dispute, controversy, demand, or claim that arises out of or relates to the services provided to me by Hydrate Health, NWA, PLLC or any other service provided by Hydrate Health, NWA, PLLC to me shall be resolved exclusively by binding arbitration to be conducted at a place agreed upon by the parties, or in the absence of such agreement, at the office of Wright, Lindsey, & Jennings, LLP, located in Rogers, Arkansas, in accordance with the American Health Lawyers Association (AHLA) Alternative Dispute Resolution Service Rules of Procedure for Arbitration, which are hereby incorporated into this agreement.

It is understood that any dispute as to medical malpractice (whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompletely rendered) will be determined by submission to arbitration and not in a court of law or before a jury.

It is the intent of the parties that this agreement cover all existing or subsequent claims or controversies, whether in tort, contract, or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to the treatment or services provided or not provided by any employee, physician, association, partner, or agent affiliated with Hydrate Health, NWA, PLLC to a patient. This party includes causes of action that might be brought on behalf of me by a spouse, heir, child (born or unborn), guardian, or parent.

*******SIGNATURE PAGE TO FOLLOW*******

My signature below confirms that:

I HAVE READ AND UNDERSTAND THE ABOVE ARBITRATION AGREEMENT.

I am 18 years or older, of sound mind, and I authorize and consent to the use of hydration therapy.

The procedure set forth above has been adequately explained to me by my attending medical professional.

I have received all of the information that I desire regarding hydration therapy.

This document services as an informed consent for hydration therapy.

Patient

Date