

Amino Acid Injections Informed Consent

Client's name _____ Date _____

Amino Acids help the liver to cleanse the body of toxins and assists the body in metabolizing fat and cholesterol. They may also be helpful in reducing fatigue and the symptoms of allergies.

Amino Acid Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Lozenges, Liquid drops and Nasal Spray.

Amino Acid Injections common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being 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 although rare Amino Acid injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Amino Acid injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Amino Acid injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include:
 - rapid heartbeat
 - chest pain
 - heart palpitations
 - flushed face
 - restlessness
 - muscle cramps and weakness
 - difficulty breathing and swallowing
 - dizziness
 - confusion
 - rapid weight gain
 - tight feelings in the chest
 - hives, skin rashes
 - shortness of breath when there is no physical exertion and unusual wheezing and coughing.
4. Before starting Amino Acid 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

- Liver disease
 - An infection
 - Iron deficiency
 - Folic acid deficiency
 - Receiving any treatment that has an effect on bone marrow
 - Taking any medication that has an effect on bone marrow
 - An allergy to any other medication, vitamin, dye, food or preservative
5. 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 Amino Acid Injection.
6. Treatments: Can be once a month, Once a week, or Twice a week and 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. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Amino Acid Injections with the above understood. I hereby release the doctor, the person injecting Amino Acids, and the facility from liability associated with this procedure.

Patient Signature_____ ***Date:***_____