

Intake Questionnaire

Validity Drip

Date: _____

Name: _____ DOB: _____ Age: _____

Address:

Phone: _____ Email: _____

Reason for visit:

Emergency Contact:

Please briefly describe why you are seeking IV infusion or injection therapy? For example: Are you looking to improve your energy, skin/hair/nail quality, recovery times, immune system, or hydration status? Are you seeking treatment for a hangover or looking to feel and look better?

Allergies (Medications, foods, etc.):

Current Medications: (Please include OTC & supplements)

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Please check any conditions that apply to you:

CARDIOVASCULAR AND RESPIRATORY

High Blood Pressure	Asthma
Heart Murmur	COPD
Valve Disorder	Sleep Apnea
Abnormal Rhythm	Shortness of Breath
Chest Pain	Pulmonary Hypertension
Heart Attack	Lung Cancer
Cardiac Surgery or Stents	Other Lung Disorder _____
Congestive Heart Failure	Other Cardiac Disorder _____
Peripheral Artery Disease	
Thrombosis or DVT	
Aneurysm	

GASTROINTESTINAL AND URINARY

Acid Reflux	Liver Disease
Bladder Disease	Hepatitis A, B, C
Kidney Disease	Other _____

METABOLIC/ENDOCRINE/AUTOIMMUNE

Hyper/Hypo Thyroid	Rheumatoid Arthritis
Diabetes Type I Type II	Hx of DKA
Lupus	Other _____

NEUROLOGIC

Stroke/TIA	
Multiple Sclerosis	Parkinson's
Seizures – date of last seizure _____	Alzheimer's

HEMATOLOGY

Anemia (Iron Deficiency, Pernicious, Aplastic, Hemolytic, Sickle Cell)
MTHFR
G6PD Deficiency

MUSCULOSKELETAL

Back Pain qDegenerative Joint Disease

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Carpal Tunnel Syndrome Degenerative Disk Disease
Fibromyalgia Other _____

PSYCHOLOGICAL

Depression
Anxiety or Panic Attacks
Suicidal Ideations

CANCER

Location of cancer _____
Chemotherapy
Radiation

WOMEN (non-menopausal)

Last Menstrual Period _____ Any chance that you are pregnant? _____
Are you currently breastfeeding? _____

PAIN

CRPS
Fibromyalgia

Do you drink alcohol or abuse any types of drugs? If so, please explain:

Have you ever had an electrolyte or fluid imbalance in the past? Such as low potassium, high sodium, etc.?

Would you like to tell us anything else that you feel like is important?

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I attest that the information I have provided is true and accurate to the best of my knowledge:

Signature

Date

Print name