

Intake Questionnaire

Skip the Line – 3295 Crawfordville Hwy, #11, Crawfordville
(448) 220-6053

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

GASTROINTESTINAL AND URINARY

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

METABOLIC/ENDOCRINE/AUTOIMMUNE

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

NEUROLOGIC

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

HEMATOLOGY

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

MUSCULOSKELETAL

- Back Pain
- Carpal Tunnel Syndrome
- Fibromyalgia
- Degenerative Joint Disease
- Degenerative Disk Disease
- Other _____

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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 is important?

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

Signature

Date

Print name