

Name: _____

Date: _____

Allergies/Sensitivities _____

Current Medications 1 _____ **Reason** _____

2 _____ **Reason** _____

3 _____ **Reason** _____

4 _____ **Reason** _____

5 _____ **Reason** _____

Health history: have you had problems in these areas?

Head No If Yes what issues? _____

Respirator No If yes what issues? _____

Digestion No If yes what issues? _____

Cardiovascular NO If yes what issues? _____

Kidney issues No If yes what issues? _____

Urinary/Bladder No If yes what issues? _____

Hypokalemia / Hyperkalemia No If yes what issues? _____

Blood level deficiencies No If yes what issues? _____

Electrolyte imbalances NO IF yes what issues? _____

Endocrine disorders No If yes what issues? _____

Nervous system disorders No If yes what issues? _____

Any health issues that need to be reported? _____

I have consulted with my physician who reports it is not contraindicated to Complete nutrient and vitamin supplementation via Intravenously _____.

_____ M.D.
