

i.hydrate

CLIENT INFORMATION

Client Name : _____ . Date of Birth : _____

Address: _____ City _____

State: _____ Zip Code : _____

Home (.). _____ cell () _____

Email : _____

How did you hear about us ? _____

Emergency Contact Person : _____

MEDICAL HISTORY

Yes	No	Medical History
		Hypertension
		Diabetes
		Liver or Kidney Disease
		Autoimmune Disorders
		Water retention
		Cancer
		Blood Clots/Phlebitis/ Bleeding disorders
		Pregnancy /actively trying to get pregnant
		Pacemakers/ defibrillators
		Past Surgeries

I.hydrate is a division of Improve health Solutions Medspa
200 Atlantic Ave , Manasquan , NJ 08736
(866) 807-8686 or text (973) 556- 4338

www.ihydrateiv.com

i.hydrate

Yes

No

Medical History

HIV/AIDS

Chemotherapy/ Radiation Therapy

Current Medications : list if any

Blood thinners

Food Allergies

Medication Allergies (list if any)

I HAVE ANSWERED ALL THE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

Client Signature

Date

MD/PA Signature

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