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We recommend IV hydration for optimal health and wellness
Nurse: _____



While we do not recommend IV hydration at this time, we invite you to stay informed and connected with us.

Thrive Infusions Hydration Screening Flow Sheet

Patient Information

Name: _____ DOB: ____/____/____ Gender: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____

Opt-In for Marketing Material and Updates: Yes No Pregnant/Nursing: Yes No
Past Medical History of Heart Failure Edmea Cancer Kidney Disorder Cardiac Disorder

Skin Turgor Test

Method: Pinch the skin on the back of the hand or forearm and release.

Result:

- Normal** (skin returns to normal quickly)
- Delayed** (skin takes time to return to normal)



Oral Mucosa Check

Method: Check the moisture level of gums and tongue.

Result:

- Moist**
- Dry**



Capillary Refill Time (CRT)

Method: Press on the fingernail until it turns white, then release.

Time Taken: _____ seconds

Result:

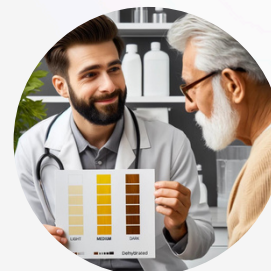
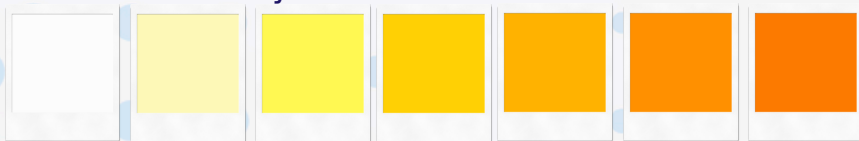
- Normal** (less than 2 seconds)
- Delayed** (2 seconds or more)



Urine Color Comparison

Method: Compare recent urine color to the provided chart.

Result: Over Hydrate Mild Moderate Severe



Pulse and Blood Pressure Check

Method: Measure pulse and blood pressure.

Pulse: _____ BPM

- Normal** (60-100)
- Abnormal** Too Low or Too High

Blood Pressure: _____/_____

Results:

- Normal** (100-140/60-90)
- Abnormal** Too Low or Too High

