Intake Questionnaire

Date: _____

Name: _____
DOB:_____

Caption

Address:

_____
_____

Phone: _____Email: _____

Reason for visit:

_____

Emergency Contact:

_____

Describe what you want to achieve with IV infusion or injection therapy today?

_____
_____
_____
_____
_____

Allergies including medication and food.

_____
_____
_____

Current Medication

_____
_____
_____
_____

Intake Questionnaire

Please put a check mark to the condition 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
- ☐ Disease
- ☐ Kidney Disease
- Liver Disease
- Hepatitis A, B, C

METABOLIC/ENDOCRINE/AUTOIMMUNE

- ☐ Hyper/Hypo Thyroid
- ☐ Diabetes Type I Type II
- ☐ Lupus
- Rheumatoid Arthritis

NEUROLOGIC

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

HEMATOLOGY

Intake Questionnaire

- ☐ 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_____

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? _____

Do you drunk 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.?
_____
_____

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_____
_____

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

_____
_____
_____
_____

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

_____
Signature Date

_____
Print name