



## Initial IV Infusion/Injectable Intake

### Initial IV Infusion & Injection Consultation Form

#### Checklist of what to bring with you:

- Your completed Intravenous (IV) Infusion Therapy Intake Form
  
- A list of all prescription medications, OTC medications, vitamins/supplements that you take (please update this in the portal)
  
- A copy of your most recent bloodwork is helpful (please upload into your portal if able)
  
- Your signed Consent Form (can be done in the portal)
  
- Your signed HIPPA Notice (can be done in the portal)
  
- Make sure you are well hydrated prior to your visit. We suggest drinking (1-2) 16oz. bottles of water prior to arrival. Dehydration can make it difficult to insert an IV.
  
- Make sure you eat something prior to your visit. We suggest a high protein snack, such as nuts, seeds, a protein bar, cheese, yogurt or eggs. Low blood sugar can make you feel weak, light-headed or dizzy.

#### Personal Details

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Gender  Male  Female  Unknown

Blood Group \_\_\_\_\_

Language \_\_\_\_\_

Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Ethnicity  Hispanic or Latino  Not Hispanic or Latino



Employment Status

- Employed       Full-Time Student     Part-Time Student  
 Unemployed     Retired

Marital Status

- Single       Married       Others

Smoking Status

- Current every day smoker     Current some day smoker     Former Smoker  
 Smoker       current status unknown       Never Smoker  
 Unknown if ever smoked

Emergency contact: Phone number: \*

What are your main complaints? \*

Which statements best describe why you are here today? (Check all that apply) \*

1. I want to have more energy and feel better overall     2. I want to do everything I can to nourish my body     3. I want to prevent illness  
 4. I want to recover quickly from my surgery or illness  
 5. I want to recover more quickly from an intense work-out     6. I want to prepare and hydrate for an intense work-out     7. I need to recover from a night out on the town  
 8. Other

Do you have any chronic medical conditions? \*

- Yes     No

If yes to the above, please list your chronic medical conditions here:

Have you ever had any surgeries? Please list them here: \*

Do you have any medication or food allergies? \*

- Yes     No

If yes, please list them here:

Do you consume alcohol? \*

- Yes     No

How much?

Do you use any recreational or illicit drugs? \*

- Yes     No



Are you currently (or possibly may be) pregnant? \*

Yes  No

For women: date of LMP? For men: type n/a \*

Are you currently breastfeeding? \*

Yes  No

Do you have or have you had cancer in the last 12 months? \*

Yes  No

If yes, are you currently under any chemotherapy or radiation treatment?

Do you suffer from chronic pain? \*

Yes  No

Do you suffer from chronic fatigue? \*

Yes  No

Do you suffer from heart disease? \*

Yes  No

Have you ever had a blood clot or DVT? \*

Yes  No

Do you every get short of breath doing normal activities? \*

Yes  No

Have you ever been told you have congestive heart failure? \*

Yes  No

Do you take any diuretics (water pills)? \*

Yes  No

Do you take any steroids (I.e. Prednisone)? \*

Yes  No

Have you ever been told that you have an electrolyte imbalance or abnormal labs? \*

Yes  No

If yes above, do you remember the last time you had labs drawn? Are you interested in having labs drawn today prior to your infusion or injection?

Have you had any skin problems in the past four weeks? \*

Yes  No

Do you have any liver or pancreatic conditions? \*

Yes  No

Have you ever had a TIA or Stroke? \*

Yes  No



Have you ever been diagnosed with a seizure disorder? \*  Yes  No

Are you diabetic? \*  Yes  No

Do you have a thyroid disorder? \*  Yes  No

Do you take any blood thinners? \*  Yes  No

Do you suffer from hemophilia (blood clotting disorder)? \*  Yes  No

Are you HIV positive? \*  Yes  No

Have you ever been told you have Hepatitis? \*  Yes  No

**Medications**

Medication Name	Intake Details

Please add any medications that are not currently listed on your medication profile. \*

Please use this line for additional medications (please try and upload them into your patient portal):

**Supplements**

Supplement Name	Intake Details

Have you ever received an IV infusion or injection before? \*  Yes  No

If so, what did you receive and from where? How did you like it?

Is there anything else you'd like your provider to know?

**By signing below, I attest that the information I have provided is true and accurate to the best of my knowledge.**



**Midwest Integrative Health, LLC**

**222 S Randolph**

**Macomb, Illinois, US - 61455**

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**PATIENT SIGNATURE \***

Date \*