

# INTRAVENOUS (IV) INFUSION THERAPY INTAKE FORM



## REVIVE INFUSION THERAPY

### ■ Patient Information

Please complete the form below in full.

Full Name :

Full Address :

E-Mail :  Phone :

Date Of Birth :       Age :  Sex :  Male / Female  
D D M M Y Y

Emergency Contact :

Phone :  Relationship :

### ■ *Medical History*

Are you pregnant? YES or NO

Have you ever been told that you have an electrolyte imbalance or other abnormal labs? YES or NO

Hypermagnesemia (High magnesium levels) YES or NO

Hypercalcemia (High calcium levels) YES or NO

Hypokalemia (Low potassium levels) YES or NO

Hemochromatosis (high iron levels) YES or NO

Other

### ■ *Do you have any of the following conditions?*

Blood pressure problems (high or low) YES or NO

Heart Problems YES or NO

Stroke or "mini stroke" YES or NO

Kidney problems YES or NO

Kidney Stones YES or NO

Asthma YES or NO

Optic nerve atrophy or Leber's Disease YES or NO

Sickle Cell Anemia YES or NO

G6PD Deficiency YES or NO

Sarcoidosis YES or NO

Parathyroid problems (high levels) YES or NO

Are you a diabetic? YES or NO

Are you a smoker? If so, how much per day?  YES or NO



**INTRAVENOUS (IV) INFUSION THERAPY INTAKE FORM CONTINUED**

**DRUG ALLERGIES:**

List any other medical condition you have (not mentioned above):

\_\_\_\_\_  
\_\_\_\_\_

How many alcoholic drinks do you consume in one week? \_\_\_\_\_

Do you use any recreational drugs? \_\_\_\_\_

YES or NO

If so, which ones and how often? \_\_\_\_\_

**Please list everything you are taking:**

Prescription medications, strength dosage, condition being treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the counter medications including vitamins and other supplements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all surgical procedures you have had with the approximate dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your main complaints?**

Fatigue or low energy

Depression

Stress

Other:

Poor diet

Headaches

Trouble concentrating

Dry skin

Slow metabolism

Recent illness

Recent surgical procedure

Weight gain

Malabsorption issues

**How did you hear about us?**

\_\_\_\_\_

**More Information :**

3244 Fall Creek Hwy,  
Granbury, TX 76049

817-910-8942 office

[www.reviveinfusiontherapy.com](http://www.reviveinfusiontherapy.com)

**Client Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_