



IV THERAPY INTAKE FORM

Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

Today's Date: _____ Occupation: _____

Address:

Phone (cell or home or work): _____

Email address: In case of emergency, please contact:

Name: _____

Phone: _____

How did you hear about us? _____

What are your main complaints? (Please check all that apply)

- Fatigue or low energy
- Stress
- Poor diet due to busy lifestyle
- Brain fog or trouble concentrating Low mood or depression
- Headaches or migraines
- Weight gain or difficulty losing weight Slow metabolism
- Asthma and Allergies
- Recent surgical procedure
- Recent illness
- Cold or flu symptoms

**209 East San Marnan Drive
Waterloo, IA 50702
Phone: (319)236-8891
Fax: (319)236-9665**



- Dull or dry skin
- Malabsorption issues
- Cancer
- Other _____

Which statements best describe why you are here today? (Please check all that apply)

- I want to have more energy and feel better overall
- I want to do everything I can to nourish my body
- I want to do everything I can to enhance my weight loss efforts
- I want to prevent getting sick I want to recover quickly from my surgery or illness
- I want to slow the aging process
- I want to feel and look younger
- I want to have smoother, brighter and more vibrant skin
- I want to cleanse my body of toxins I want to recover quickly from a hangover
- Other _____

(Females only) Are you pregnant or breastfeeding? Yes / No

Date of last labs or other lab testing _____

Have you ever been told that you have an electrolyte imbalance or other abnormal labs? (Please check all that apply)

- Hypermagnesemia (High magnesium levels)
- B12 deficiency
- Vitamin D deficiency
- Antioxidant deficiency such as Glutathione

**209 East San Marnan Drive
Waterloo, IA 50702
Phone: (319)236-8891
Fax: (319)236-9665**



- Hypercalcemia (High calcium levels)
- Hypokalemia (Low potassium levels)
- Hemochromatosis (High iron levels)
- Other _____

Are you a smoker? Yes / No If Yes, how much do you smoke and for how long? _____

How many alcoholic drinks do you consume in a week? _____

Do you use any recreational drugs? Yes / No If Yes, which ones and how often? _____

Prescription Medications – Strength – Frequency

Over the Counter Drugs – Strength – Frequency

Vitamins and Other Supplements – Strength – Frequency

Do you take Digoxin (Lanoxin) or Coumadin (Warfarin) for a heart problem? Yes / No

Do you take any diuretics or water pills? Yes / No If Yes, please list: _____

Do you take any steroids, i.e. Prednisone? Yes / No If Yes, please list: _____

Do you have any medication or food allergies? Yes / No If Yes, please list: _____

Do you have any of the following conditions? (Please check all that apply)

- Blood pressure problems (High or low)
- Heart Problems, if so, what type?

209 East San Marnan Drive
Waterloo, IA 50702
Phone: (319)236-8891
Fax: (319)236-9665



- Stroke or "mini-stroke"
- Kidney Problems
- Diabetes (1 or 2?)
- Kidney Stones
- Autoimmune Condition(s)
- Cancer
- Sickle Cell Anemia
- G6PD Deficiency
- Parathyroid problems

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

List of all surgical procedures you've had with approximate dates:

Is there anything else you'd like the physician to know?

**209 East San Marnan Drive
Waterloo, IA 50702
Phone: (319)236-8891
Fax: (319)236-9665**