

# Intake Questionnaire

Flourish Health Network

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for visit:

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Emergency Contact:

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Please briefly describe why you are seeking IV infusion or injection therapy? For example: Are you looking to improve your energy, skin/hair/nail quality, recovery times, immune system, or hydration status? Are you seeking treatment for a hangover or looking to feel and look better?

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Allergies (Medications, foods, etc.):

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Current Medications: (Please include OTC & supplements)

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# Intake Questionnaire

(Insert clinic name, address, number, LOGO, etc.)

Please check any conditions that 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
- Bladder Disease
- Kidney Disease
- Liver Disease
- Hepatitis A, B, C
- Other \_\_\_\_\_

## METABOLIC/ENDOCRINE/AUTOIMMUNE

- Hyper/Hypo Thyroid
- Diabetes Type I Type II
- Lupus
- Rheumatoid Arthritis
- Hx of DKA
- Other \_\_\_\_\_

## NEUROLOGIC

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

## HEMATOLOGY

- Anemia (Iron Deficiency, Pernicious, Aplastic, Hemolytic, Sickle Cell)
- MTHFR
- G6PD Deficiency

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## MUSCULOSKELETAL

- Back Pain    • Degenerative Joint Disease
- Carpal Tunnel Syndrome    • Degenerative Disk Disease
- Fibromyalgia    • 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? \_\_\_\_\_

## PAIN

- CRPS
- Fibromyalgia

Do you drink alcohol or abuse any types of drugs? If so, please explain:

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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?

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

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Signature

Date

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Print name