
HOLISTIC HEALING ARTS

Intravenous (IV) Therapy Intake Form

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Email: _____

Emergency Contact (Name & Phone Number) _____

Emergency Contact Relationship to You: _____

How did you find out about our services? _____

IV Experience:

Why would you like to receive IV Therapy?

Have you received IV Therapy before? No Yes

If yes, what therapy did you receive?

What was your experience like?

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Current Medical History:

Please list all current medical diagnoses and medications prescribed for each:

Please list all current supplements, vitamins, mineral, over-the-counter drugs or other remedies you are taking:

Please list allergies (known and suspected):

Medical Doctor Name and Phone Number: _____

Specialist(s) Name(s) and Phone Number(s): _____

Date of last physical exam: _____ Date of last blood work: _____

Please list any abnormal results from the exam or blood work: _____

Please check if you have any of the following medical diagnoses below:

High blood pressure	G6PD deficiency	Sudden weight loss
Low blood pressure	Bleeding disorder	Anxiety
Angina	Ankle swelling/Edema	Cancer
Arrhythmia/Abnormal EKG	Kidney disease	Asthma
Heart attack	Low blood sugar	Fainting spells
Congestive Heart Failure	Diabetes	

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Past Medical History:

Have you ever been diagnosed with a methicillin-resistant *Staphylococcus aureus* (MRSA) infection? Yes No

Please list all of your previous medical diagnoses, procedures, hospitalizations and surgeries: _____

Please list all of your previous supplements, vitamins, mineral, over-the-counter drugs or other remedies: _____

Family Medical History:

Please indicate for each family member below: their current age (if living), their age at passing, and any health diagnoses or concerns.

	Current Age	Age at Passing	Health Concern(s)
Mother			
Father			
Siblings			
Maternal Grandmother			
Maternal Grandfather			
Maternal Aunts and Uncles			
Paternal Grandmother			
Paternal Grandfather			
Paternal Aunts and Uncles			

