



Client's First and Last Name _____

Phone number _____

Gender _____

Client's Date of Birth _____

Client's Information

Height _____

Weight _____

BMI _____

Allergies _____

Medications _____

Are you experiencing any shortness of breath? Yes No

Have you recently or are you currently experiencing any bleeding? Yes No

Have you recently or are currently experiencing chest pain? Yes No

Have you recently or are you currently experiencing any edema or swelling? Yes No

Do you have any of the following conditions:

End Stage Renal Disease yes No

Cardiac Arrhythmias yes No

G6PD Deficiency yes No

Kidney/Renal Disease yes No

Low blood pressure yes No

Are you taking or have you been told you need to take Digoxin? yes No

Have you been told you have a decreased GFR or kidney problem? yes No



**** If you have any of the conditions mentioned above you may not be medically approved for IV hydration therapy. Your nurse will discuss this with you before continuing.****

Do you have any medical concerns today? Yes No

If yes, what are the concerns

Could you be pregnant? Yes No

Are you breast feeding? Yes No

What services are you interested in today?

How did you hear about us? _____

Questions/Concerns/comments

Kramer Wellness reserves the right to refuse to initiate or continue any IV therapy treatment at any time based on the RN or staff's discretion.

By signing below, I hereby agree that all of the above information is true and accurate to the best of my knowledge.

Electronic signature

Client's Address _____

Email Address _____

Confirm Email _____

Check to receive news and promotions by email

Emergency Contact Information

Emergency Contact's Name _____

Emergency contact's phone number _____

Electronic Signature Consent



FOR CLINIC USE ONLY

Physical Exam (Focused, Brief)

A&O x3, HRRR, Lungs CTA, Radial Pulse 2+, zero-trace pre-tibial edema

Refer to Order Set

Practitioner Name _____ Date _____

Practitioner Signature _____