

Name: _____

Date of Birth: _____

Gender _____

Allergies _____

Current Medications: _____

1. Have you ever had a **nutrient IV infusion**?

No Yes (when and what) _____

Problems with prior infusions including reactions, allergies or access issues?

2. What condition are you treating and/or what is your treatment goal?

IV Nutrition Cocktails have been known to treat the following conditions:

Asthma mild to moderate exacerbation (superior to IV magnesium alone)

Asthma maintenance (for better overall control)

Fatigue (minimum 3-4 infusions to assess effectiveness)

Fibromyalgia/polyalgia rheumatic (minimum 3-4 infusions to assess effectiveness)

Migraine, Acute (superior to IV magnesium alone)

Depression (most effective in patients with comorbid fibromyalgia, migraines, and high stress)

Cardiovascular disease

Upper respiratory infection

Sinusitis, chronic

Allergic rhinitis (weekly during allergy season)

Narcotic withdrawal (acute symptoms)

Urticaria, chronic (two infusions, back to back)

Athletic performance

Hyperthyroidism symptoms



3. Do you have any of the following conditions? None
- | | | |
|--------------------------------|----------------------|--------------------|
| End Stage Renal Disease | Myasthenia Gravis | Myxedema |
| Cerebral Hemorrhage | HYPERmagnesium | Current UTI |
| HYPERparathyroidism | Kidney/Renal Disease | Cardiac Arrhythmia |
| G6PD Deficiency | Hemolytic Anemia | Low Blood Pressure |
| CHF (Congestive Heart Failure) | | |

4. Have you been told that you need to start dialysis or are you currently on dialysis? Yes No
5. Are you taking or have you been told you need to take **Digoxin**? Yes No
6. Are you of African, Middle Eastern or Asian descent? Yes No
(G6PD screening for Vitamin C infusion)
7. Have you been told you have a decreased GFR or kidney problem? Yes No
- If Yes, please explain _____

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 _____