

# IV Nutrient Drip Patient Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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What IV drip therapies or nutrient injections are you interested in receiving?

**IV Drips**  Meyers  Meyers w/ 10g Vit C  Glutathione  PTC  Mg /Headache  HDIVC

**Nutrient Injections**  B-12  MIC  BCAA  Co Q 10  Vitamin D

Have you received IV nutrients before: Yes / No (If yes, date, place, and type of IV)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What symptoms / issues are you wanting to address with IV Therapies and nutrient injections?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree that all the information above is accurate to my knowledge. By signing below I give Age Management of West Michigan permission to review my medical records for physician clearance for IV therapy.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Functional Medicine Review of Symptoms

## IV Patient Intake Form

Patient: \_\_\_\_\_ DOB \_\_\_\_\_

Please check to all that apply. Place a 1 -5 rating with your top 5 symptoms you want to address.

<p><b>Endocrine / Metabolic</b></p> <p>Chronic Fatigue / Tiredness Night Sweats / Hot flashes</p> <p>Cold hands and feet</p> <p>Infections, Chronic</p> <p>Slow wound healing</p> <p>Increasing Hunger</p> <p>Increasing Thirst</p> <p>Hair loss</p> <p>Low sex drive</p> <p>Fainting / light headedness</p> <p>Muscle weakness</p> <p>Vaginal Dryness</p> <p>Mood Fluctuations</p> <p>Sleep issues</p> <p>Brain Fog</p> <p>Poor exercise tension</p> <p>Weight Gain</p> <p>Low energy</p> <p>Urinary Incontinence</p> <p><b>Weight Management</b></p> <p>Unexplained weight gain</p> <p>Inability to lose weight</p> <p>Fluctuating weight</p> <p>Food Cravings</p> <p>Binge eating / drinking</p> <p>Overweight / Obese</p> <p><b>SLEEP</b></p> <p>Unable to fall asleep</p> <p>Restless sleep</p> <p>Fall asleep / unable to stay asleep</p> <p><b>Skin</b></p> <p>Acne</p> <p>Rashes / Hives</p> <p>Dry / Itchy</p> <p>Eczema</p> <p>Environmental sensitivity</p>	<p><b>Gastrointestinal / Autoimmune</b></p> <p>Autoimmune</p> <p>Abdominal pain</p> <p>Constipation</p> <p>Diarrhea</p> <p>Constipation / Diarrhea (alternate)</p> <p>Bloating</p> <p>Gas / Flatulence</p> <p>Blood in stool</p> <p>Reactive to foods</p> <p>Loss of appetite</p> <p>Increased appetite</p> <p>Fatigue after eating</p> <p>Reflux / Heartburn / GERD</p> <p>Nausea</p> <p>Hemorrhoids</p> <p>Pain in rectum / Anus</p> <p>Itchy rectum / Anus</p> <p>Bad breath / Halitosis</p> <p>Painful bowel movements</p> <p>Swallowing difficulty</p> <p>Vomiting</p> <p>Unprocessed food in stool</p> <p>Poor immunity</p> <p>Autoimmune disease (Fam History)</p> <p>IBS</p> <p>Crohn's Disease</p> <p>Ulcerative Colitis</p> <p>Diverticulitis</p> <p>SIBO</p>	<p><b>Pain / Inflammation</b></p> <p>Fibromyalgia</p> <p>Joints / achy</p> <p>Joints / stiffness</p> <p>Muscles / achy</p> <p>Muscles / stiffness</p> <p>Chronic pain</p> <p>Swelling / Inflammation</p> <p>Numbness / tingling</p> <p>Arthritis</p> <p><b>Cognitive Function</b></p> <p>Anxiety</p> <p>Depression</p> <p>ADD / ADHD</p> <p>Memory decline</p> <p>Headaches</p> <p>Migraines</p> <p>Concentration / Focus</p> <p>Mood swings</p> <p>Stress</p> <p>Chronic muscle/neck tension</p> <p>Irritability</p> <p>Insomnia / Sleep issues</p> <p>TBI / Concussion</p> <p>Irritability / explosive</p> <p>Learning disability</p> <p>PTSD</p> <p>Addiction</p> <p>Obsessive Compulsive</p> <p>Autism Spectrum Disorder</p>														
<p><b>Functional Medicine Programs (Check all that you are interested in)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Int. Medical Weight Loss</td> <td style="width: 50%; border: none;">Gastrointestinal Repair and Restore</td> </tr> <tr> <td style="border: none;">Migraine/Headache Relief</td> <td style="border: none;">Thyroid Restore Program</td> </tr> <tr> <td style="border: none;">Adrenal Recovery</td> <td style="border: none;">Hashimoto's Thyroid</td> </tr> <tr> <td style="border: none;">Growth Hormone</td> <td style="border: none;">IV Therapy</td> </tr> <tr> <td style="border: none;">Mold treatment</td> <td style="border: none;">SIBO treatment</td> </tr> <tr> <td style="border: none;">Fibromyalgia Recovery</td> <td style="border: none;">Sleep performance</td> </tr> <tr> <td colspan="2" style="border: none;">Brain Performance Program (Anxiety/Depression/ADHD/Stress)</td> </tr> </table>			Int. Medical Weight Loss	Gastrointestinal Repair and Restore	Migraine/Headache Relief	Thyroid Restore Program	Adrenal Recovery	Hashimoto's Thyroid	Growth Hormone	IV Therapy	Mold treatment	SIBO treatment	Fibromyalgia Recovery	Sleep performance	Brain Performance Program (Anxiety/Depression/ADHD/Stress)	
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Please submit here