

New Hydra-Stat Client Intake Form

Please make certain to complete the Health Insurance Portability and Accountability Act (HIPAA) document in the link above.

Intravenous Therapy with HYDRA-STAT

Mobile IV Therapy Solutions

1. Please enter your information.

First Name:	Middle Initial:	Last Name:	Date of Birth:
_____	_____	_____	_____
Gender: <input type="radio"/> Female <input type="radio"/> Male	Street Address:	Apt./Unit #:	City:
_____	_____	_____	_____
State:	Zip Code:	Mobile Phone:	Home Phone:
_____	_____	_____	_____
Email:	Preferred contact method: <input type="radio"/> Mobile Phone <input type="radio"/> Home Phone <input type="radio"/> Email		
_____	_____		
In case of Emergency, please contact:	Emergency Contact phone:		
_____	_____		
How did you hear about us? <input type="radio"/> Internet <input type="radio"/> Facebook <input type="radio"/> Walk-in <input type="radio"/> Friend	Name of friend that referred you:		
_____	_____		

2. What is your main reason for IV Therapy today?

- | | | |
|---|---|---|
| <input type="checkbox"/> Fatigue or Low Energy | <input type="checkbox"/> Stress | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Brain Fog or Trouble Concentrating | <input type="checkbox"/> Low Mood Depression/ Anxiety | <input type="checkbox"/> Cold or Flu Symptoms |
| <input type="checkbox"/> Sport/ Activity Recovery | <input type="checkbox"/> Hangover/ Headaches | <input type="checkbox"/> Joints/ Mobility |
| <input type="checkbox"/> Poor Diet due to Busy Lifestyle | <input type="checkbox"/> Asthma and Allergies | <input type="checkbox"/> Other |

If "other", please specify

3. Medical History

Are you currently pregnant? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', what is the due date? _____	Are you currently breast feeding? <input type="radio"/> Yes <input type="radio"/> No
Are you a diabetic? <input type="radio"/> Yes <input type="radio"/> No		

4. Habits and Lifestyle

Do you smoke? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', what? _____	How much per day? _____	Since when? _____
Do you drink alcohol? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', what? _____	How much? _____	How often? _____
Do you drink caffeine? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', what type? <input type="radio"/> Regular Soda <input type="radio"/> Diet Soda <input type="radio"/> Coffee <input type="radio"/> Tea <input type="radio"/> Energy Drinks	How much? _____	How often? _____
Do you use any recreational drugs? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', which ones and how often? _____		
Do you exercise regularly? <input type="radio"/> Yes <input type="radio"/> No	If 'yes', please describe what you do. _____		

5. Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics) and specify the date your started using it and dosage.

	Medication	Date first use	Dosage
1			
2			
3			

Please include any additional details here:

6. Please list all current supplements:

	Supplement
1	
2	
3	

7. _____

Signature

What to Expect During Your IV Therapy

What to bring with you:

- Your completed HYDRA-STAT IV (Intravenous) Therapy Intake Form
- A list of all prescription medications, OTC medications, vitamins and supplements you are taking along with dosage
- Your signed Consent Form
- Your signed HIPPA Notice
- Make certain you are well-hydrated prior to your visit. We suggest drinking 1-2 16oz. bottles of water. Dehydration can make it difficult to insert an IV
- Make sure to eat something prior to your visit. We suggest a high protein snack, such as a protein bar, cheese, eggs, nuts. Lower blood sugar levels can make you feel weak, dizzy or light-headed

During your visit, our Technicians will discuss your main complaint and desired outcomes with you. We will quickly review your personal and medical history, including all medications you are currently taking. Based upon this information, your IV Therapy may be customized to address your individual needs.

What to expect:

The IV's used by our Technicians in today's therapy, are the same that you would find in a hospital. Depending upon your chosen IV Therapy, the infusion typically takes 30-40 minutes, sometimes faster. Our Technicians will answer any questions you have regarding today's therapy, and work to keep you comfortable and cared for. Clients typically find IV Therapy experiences tranquil and healing, leaving feeling refreshed, vibrant, and re-energized.

Discharge Instructions for IV Therapy:

- Apply pressure to the site for 2 minutes after IV has been removed
- Keep bandage in place for at least 1 hour
- Warm packs and elevation can be used in the event there is any bruising
- Cold packs can be used as pain relief and to decrease any swelling, which should decrease within 24 hours
- You are encouraged to continue to drink water after your IV Therapy, we suggest 1-2 16oz. bottles of water. Dehydration is the most common cause of post-therapy symptoms or concerns. Headaches, nausea, joint aches, blurred vision, cramping may be experienced if not enough water is consumed

Most clients experience significant overall improvements right away, post therapy. With our overly busy lifestyles, most of us are dehydrated and deficient in the vitamins and minerals required by the body for normal function. Therefore we do not feel well. Once re-hydrated and nutrient rich, symptoms are quickly removed. Clients will leave feeling:

- Increased energy
- Increased mental clarity
- Improved overall feeling of well-being, and alleviation of initial concerns

If, after your IV Therapy, you are experiencing a life threatening emergency, call 911