

# DIVINE HYDRATION IV LOUNGE

## CLIENT INTAKE FORM

Date: \_\_\_\_\_

Name First and Last: \_\_\_\_\_

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

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

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

Zip code: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

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

### MEDICAL HISTORY:

Date of most recent lab testing \_\_\_\_\_

Have you ever been told you have an electrolyte imbalance or other abnormal labs? \_\_\_\_\_

If yes, which labs? \_\_\_\_\_

Are you a present or past tobacco user: \_\_\_ YES or \_\_\_ NO?

If past, what year did you quit? \_\_\_\_\_

Any chronic or acute medical problems: \_\_\_ YES or \_\_\_ NO?

Please List: \_\_\_\_\_

Any latex or allergies of any kind including over the counter medications?  
\_\_\_\_\_

Have you ever fainted during a needle stick? \_\_\_ YES or \_\_\_ NO?

Please list everything you are currently taking (Prescription medication, over the counter, and herbal supplements)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Divine Hydration IV Lounge and affiliates will not be held liable for any omission of health history on patient intake forms or in consultation. Signed consents are required for all therapies.