

THE DRIP

Mobile IV Infusion Therapy 

PLEASE COMPLETE ALL PAGES AND EMAIL TO HYDRATE@THEDRIPCA.COM.

These documents must be received 24 hours prior to appointment.

DATE: _____

MENU:

- QUENCH ENERGIZE THE MAX THE HANGOVER
 GLOW RELIEF IMMUNITY

ADD ON:

- Anti-Nausea Anti-Inflammatory Glutathione B-12 Injection
 Vaccine COVID-19 Antibody Add'l 2500mg Vit C

CLIENT INFORMATION:

LAST NAME		FIRST NAME		MI
DOB		CELL PHONE		AGE
STREET ADDRESS			APT/UNIT #	
CITY		STATE	ZIP	
EMAIL				
EMERGENCY CONTACT			CELL PHONE	
PRIMARY CARE PHYSICIAN			MAY WE CONTACT IF NECESSARY?	

Have you had IV Infusion Therapy in the past? YES / NO

If Yes, please tell us what type of IV Infusion Formula: _____

Are you pregnant? YES / NO

Please note if you are a Mom to Be, you need to wait for IV until after your bundle of joy is born.

Are you regularly exposed to toxins or other pollutants (work, home, hobbies, etc.)? Please describe:

How stressful is your life? How well do you handle these stressors? _____

CLIENT NAME: _____ DOB: _____

PHARMACY INFORMATION

Name: _____ Pharmacy Phone Number: _____

Address: _____

PRESCRIPTION AND NON-PRESCRIPTION MEDICINES, VITAMINS, SUPPLEMENTS, BIRTH CONTROL. None

Medication	Dose & Times per day	Medication	Dose & Times per day

SOCIAL AND RECREATIONAL DRUG USE:

Do you drink alcohol? NO YES Number of drinks per week: _____
 Had you had a drink today: NO YES If YES, how many? _____
 Do you use recreational drugs? NO YES If YES, what kind? _____
 Have you used any recreational drugs today? NO YES If YES, what? _____

ALLERGIES OR REACTIONS TO MEDICINES, FOODS, OR OTHER AGENTS: None

Medication	Reaction or side effect	Medication	Reaction or side effect

PERSONAL MEDICAL HISTORY: List all significant diagnoses or illnesses and approximate dates or ages of onset. All medications entered above should correspond to a medical condition. None

Medical condition	Date or age of onset

Do you have a history of any of the following:

- YES NO Gastrointestinal bleeding, stomach ulcers or perforation
- YES NO Heart attack, heart surgery, or stroke
- YES NO Kidney disease or kidney failure
- YES NO Bleeding disorders or bleeding complications
- YES NO Taking any NSAIDs today? (aspirin, Ibuprofen, Advil, Aleve) If YES, has it been longer than 6 hrs? YES NO
- YES NO Uncontrolled high blood pressure
- YES NO Ever advised not to take NSAIDs

Do you give permission to have your photograph on social media? (Facebook, Instagram, The Drip Website) YES or NO

CANCELLATION POLICY. We require a 24-hour notice to reschedule. To receive a full refund, we require a 3-day notice for cancellation. If cancelled within 3 days, you will receive a credit for a future IV Infusion Treatment to be used within 90 days. If cancellation is same day or client no-shows, NO credit will be given for future treatment.

Client Signature

Date