IV Nutrition & Hydration Screening Questionnaire

Why are you interested in IV therapy?

☐ Hydration
☐ Fatigue or low energy
☐ Recovery following travel or physical activity
☐ Nutritional support
☐ Previously identified nutrient deficiency
☐ Immune-support concerns
☐ General wellness
☐ NAD consultation
☐ Glutathione consultation
☐ Other: _____

Are you currently experiencing any of the following?

☐ Vomiting or diarrhea
☐ Difficulty drinking fluids
☐ Dizziness or lightheadedness
☐ Fever or current infection
☐ Reduced urination
☐ Swelling or fluid retention
☐ None of the above

Have you previously received IV therapy?

☐ Yes, without difficulty
☐ Yes, with a reaction or complication
☐ No

What result are you hoping to achieve?

_____

Treatment is subject to physician review. Completion of this questionnaire does not establish medical eligibility for an infusion.