

MEDICAL HISTORY FOR IV/IM VITAMINS

FULL NAME _____

DOB _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ OTHER _____

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

PRIMARY CARE DOCTOR'S FULL NAME _____

ALLERGIES _____

MEDICATIONS _____

CIRCLE ANY OF THE FOLLOWING MEDICATIONS THAT YOU ARE TAKING: any blood thinners such as Heparin (Fragmin, Lovenox, Innohep...ect.), Antithrombin (A Tryn, Thrombate III), Argatroban, , Dipyridamole (Persantine), Bivalirudin (Angiomax), Clopidogrel (Plavix), Warfarin (Coumadin, Jantoven), Aspirin, Ibuprofen.

MEDICAL CONDITIONS (Circle the ones that you have) HEIGHT _____ WEIGHT _____

G-6-PD deficiency

Pregnancy

Seizures

Diabetes

Dialysis

History of Kidney stones

Kidney disease

Early Hereditary optic nerve atrophy (Leber's)

Signature _____ Date _____