

B R A V O U R E

Intake Questionnaire

Date: _____

Name: _____ DOB: _____ Age: _____

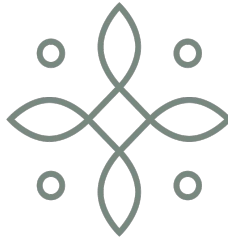
Address:

Phone: _____ Email: _____

Reason for visit:

Emergency Contact:

Please briefly describe why you are seeking IV infusion or injection therapy?
For example: Are you looking to improve your energy, skin/hair/nail quality,
recovery times, immune system, or hydration status? Are you seeking treatment for
a hangover or looking to feel and look better?



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Allergies (Medications, foods, etc.):

Current Medications: (Please include OTC & supplements)

Please check any conditions that apply to you:

CARDIOVASCULAR AND RESPIRATORY

High Blood Pressure

Heart Murmur

Valve Disorder

Abnormal Rhythm

Chest Pain

Heart Attack

Cardiac Surgery or Stents

Congestive Heart Failure

Peripheral Artery Disease

Thrombosis or DVT

Aneurysm

Asthma

COPD

Sleep Apnea

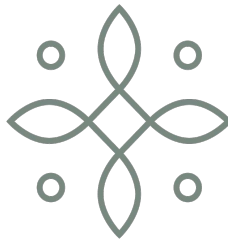
Shortness of Breath

Pulmonary Hypertension

Lung Cancer

Other Lung Disorder _____

Other Cardiac Disorder _____



BRAVOURE

Intake Questionnaire

GASTROINTESTINAL AND URINARY

Acid Reflux Liver Disease
Bladder Disease Hepatitis A, B, C
Kidney Disease Other _____

METABOLIC/ENDOCRINE/AUTOIMMUNE

Hyper/Hypo Thyroid Rheumatoid Arthritis
Diabetes Type I Type II Hx of DKA
Lupus Other _____

NEUROLOGIC

Stroke/TIA Parkinson's
Multiple Sclerosis Alzheimer's
Seizures – date of last seizure

HEMATOLOGY

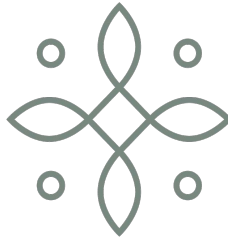
Anemia (Iron Deficiency, Pernicious, Aplastic, Hemolytic, Sickle Cell)
MTHFR
G6PD Deficiency

MUSCULOSKELETAL

Back Pain Degenerative Joint Disease
Carpal Tunnel Syndrome Degenerative Disk Disease
Fibromyalgia Other _____

PSYCHOLOGICAL

Depression
Anxiety or Panic Attacks
Suicidal Ideations



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CANCER

Location of cancer _____

Chemotherapy

Radiation

WOMEN (non-menopausal)

Last Menstrual Period _____ Any chance that you are pregnant? _____

Are you currently breastfeeding? _____

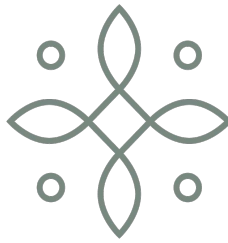
PAIN

CRPS

Fibromyalgia

Do you drink alcohol or abuse any types of drugs? If so, please explain:

Have you ever had an electrolyte or fluid imbalance in the past? Such as low potassium, high sodium, etc.?



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Would you like to tell us anything else that you feel like is important?

I attest that the information I have provided is true and accurate to the best of my knowledge:

Signature

Date

Print name