



### Patient Registration and Information Consent Form

Name:		Date:
Address:	Zip:	Date of Birth: Age:
City/State:		Emergency Contact:
Email:		Primary Phone:

### **CURRENT DEHYDRATION SYMPTOMS (check all that apply)**

☐ Dry/Sticky Mouth    ☐ Increase Thirst    ☐ Dark Colored Urine    ☐ Lethargy    ☐ Dry Skin  
☐ Loss of Appetite    ☐ Headache    ☐ Vomiting    ☐ Sports related fatigue    ☐ Constipation  
☐ Weakness    ☐ Illness related fatigue    ☐ Dizziness    ☐ Decrease urine output    ☐ Sunken Eye

### **MEDICAL HISTORY**

	YES	NO	DATE			YES	NO	DATE
High Blood Pressure					Kidney or Bladder Disease			
Thyroid Disease					Motrin (If yes, last dose)			
Epilepsy/Seizures					Pregnant (Due Date)			
Heart Disease (Heart attacks, failure, palpitations, murmurs)					Skin Disorder (unusual or recently changed moles)			
Diabetes					Gall Bladder Disease			
Anemia or blood disorder					High Cholesterol			
Anorexia/Bulimia					Blood Clot Disorder			
Glaucoma or other eye disorders					Stomach Disorder or Stomach ulcers			
Liver Disease (cirrhosis, hepatitis, yellow jaundice)					Lung Disease (asthma, emphysema, tuberculosis)			
Strokes or Paralysis					Rheumatic Fever			
Anxiety/Depression					Alcohol (if yes, time of last drink)			

### **Other Medical Conditions**


### **DRUG AND FOOD ALLERGIES**

DRUG/FOOD	REACTION

### **DAILY MEDICATION & DOSAGE, OVER THE COUNTER MEDICATIONS, RECREATIONAL DRUGS**




### **Patient Registration and Information Consent Form**

I, \_\_\_\_\_ (patient) authorize ReviveU, LLC to assist me in intravenous rehydration. I understand that ReviveU is treating my symptoms of dehydration and is not making any medical related diagnosis.

I understand that it is my responsibility to list all health history and medications currently being taken as well as any street or recreational drugs. Withholding this information may cause complications.

ReviveU LLC, does not guarantee this treatment will provide resolution to your hangover, or dehydration symptoms.

I understand that ReviveU, practitioners and staff, take precautions to decrease any risk of health related complication associated with IV administration, but there is still a potential low risk of complications including but not limited to: Infection at IV site; Extravasation; Phlebitis; Pain; bruising or injury from vein puncture; and Anaphylactic reaction to medications.

I understand that with extreme dehydration, intravenous access may be more difficult, resulting in the inability to administer IV fluid.

ReviveU, LLC has the right to refuse treatment based on past medical history and health conditions exceeding the capacity of an IV spa facility.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IV TREATMENT OPTIONS**

- \_\_\_ **Awaken or Rise & Shine** (\$50) (1000ml NSS)
- \_\_\_ **Surge or HydroBoost** (\$100) (1000ml NSS with Pain and Nausea Medicine)
- \_\_\_ **Rally or Gold Rush** (\$150) (1000ml NSS, Pain & Nausea Medicine, IV B12, IV B Complex, and O2)
- \_\_\_ Glutathione Treatment (\$140) (Anti aging & Antioxidant)
- \_\_\_ Myers Cocktail (\$130) (Multivitamin and mineral infusion)
- \_\_\_ Additional 1000ml NSS (\$40)

### **BOOSTERS**

- \_\_\_ IV Zofran (\$20) (Nausea Medicine)
- \_\_\_ IV Pepcid (antacid) (\$20)
- \_\_\_ B12 Injection (\$15)
- \_\_\_ B Complex (\$25)
- \_\_\_ IV Toradol (\$20) (Non narcotic pain medicine)
- \_\_\_ Oxygen (93% Pure O2) (\$20 for 20 min)
- \_\_\_ Long Lasting B12 IV (\$25)
- \_\_\_ Vitamin C (\$25)

OFFICE USE ONLY

### **Charting Note**

DATE & TIME			
Blood Pressure:		Gage	___ 18 ___ 20 ___ 22 ___ 24
Heart Rate:		Left or Right	___ Left or ___ Right
IV NS:		Location	
IV Toradol:		IV Site w/out infiltration	
IV Zofran:		IV DC'd intact	
IV MYERS		Patient Response	
IV PEPCID			
IV VITAMINS		Provider	
O2			

### **Comments**
