



  
**Premier Plastic Surgery Center**  
*Medical History & Physical - IV/IM Vitamin Therapy Services*

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flushing, headaches, GI upset, jitteriness

No Yes

5. Do you use or smoke any tobacco products?  
 If Yes, Please specify type and frequency. \_\_\_\_\_

No Yes

6. How many times per **week** do you exercise for a minimum of 30 minutes?  
 Never 1-2 times 3+ times

7. What level of intensity do you feel you experience during exercise?

- a. **Sedentary** - low energy requirement
- b. **Light** - does not cause a noticeable change in breathing rate
- c. **Moderate** - able to perform while holding a conversation uninterrupted
- d. **Vigorous** - conversation cannot be held uninterrupted
- e. **High** - intense, HIIT style workouts

<b>Please answer the following:</b>	<b>Yes</b>	<b>No</b>
1. Have you had surgery, been hospitalized or under the direct care of a physician in the past 6 weeks?		
2. Do you have or have you had any of the following medical Problems? If YES, please explain next to diagnosis.		
- Congestive Heart Failure (CHF)		
- Chronic Obstructive Pulmonary Disease (COPD) / Diminished Respiratory Function		
- Cystic Fibrosis		
- Liver Disease		
- Hepatitis		
- Kidney Disease/Renal Insufficiency or Failure		
- Leber's Disease		
- Diagnosed Electrolyte Imbalances		
- Organ Transplant		
- DVT or Clots		
Continued..... Do you have or have you had any of the following medical Problems? If YES, please explain next to diagnosis.	Yes	No
- Heart Attack		


  
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- Stroke		
- Coronary Artery Disease		
- Elevated Blood Pressure or Hypertension		
- Diabetes		
- HIV/AIDS		
- Seizures		
- Muscular Dystrophy		
- Cancer		
- Immunocompromised		
- Mental/Emotional Disorder		
- Greater than 65 years of age		
<b>Please answer the following:</b>	<b>Yes</b>	<b>No</b>
<b>3.</b> Do you currently take a blood thinner medications? If YES, please <u>circle</u> all that apply: - Heparin (Fragmin, Lovenox, Innohep) - Antithrombin (A Tryn, Thrombate III) - Argatroban - Dipyridamole (Persantine) - Bivalirudin (Angiomax) - Clopidogrel (Plavix) - Warfarin (Coumadin, Jantoven) or specify:		
<b>4.</b> Do you currently take Lasix or any other diuretic (water pills)? Specify:		
<b>5.</b> Do you currently take or use any type of steroid? Specify:		
<b>6.</b> Do you have a current or ongoing infection? Specify:		
<b>7.</b> Do you depend on intravenous (IV) nutrition (TPN) or liquid nutrition products? Specify:		

**PLEASE READ & INITIAL BELOW:**

\_\_\_\_\_ If you answered (“Yes”) to any of the above questions 1-8, it may be advised by the Medical Director of Premier Plastic Surgery Center and Spa that you **not** receive IV Therapy supplied by AquaMedIV, and you may be denied services.

  
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\_\_\_\_\_ Premier Plastic Surgery Center and Spa reserves the right to refuse treatment at any time after a basic medical exam is completed.

\_\_\_\_\_ I understand that participating in the intramuscular (IM) and/or intravenous (IV) hydration and vitamin administration services provided by Premier Plastic Surgery Center and Spa supplied by AquaMedIV carries risks, which will be explained and provided to me in written and verbal form.

\_\_\_\_\_ I have truthfully answered all questions regarding my medical history to the best of my knowledge and have informed the staff about any and all prescription medications and/or over the counter drugs I take, as well as any street or recreational drugs. I understand that failing to inform the staff about my medical issues and/or drug use can lead to serious complications and I cannot hold Premier Plastic Surgery Center and Spa or AquaMedIV liable in any manner.

\_\_\_\_\_ I acknowledge that I am responsible for any medical care I may have, that is directly or indirectly related to the services provided by Premier Plastic Surgery Center and Spa supplied by AquaMedIV. If I seek medical treatment for any side effect or reaction, it will be at my own expense.

\_\_\_\_\_ I acknowledge and agree that the sole risk of injury or harm resulting in any manner from my voluntary participation in Premier Plastic Surgery Center and Spa IV/IM's services, supplied by AquaMedIV, rests entirely with me to the extent that I fail to disclose known or unknown health condition(s), medications, or drug use in advance of the services provided.

\_\_\_\_\_ I expressly represent and warrant to Premier Plastic Surgery Center and Spa , as well as AquaMedIV, that I have never been diagnosed with or treated for any illnesses or conditions that may result in increased risk when participating in the services provided by Premier Plastic Surgery Center and Spa supplied by AquaMedIV. I understand that Premier Plastic Surgery Center and Spa, as well as AquaMedIV, bears no responsibility for and will not screen for, diagnose, monitor, or provide any care for such conditions.

\_\_\_\_\_ I acknowledge that Premier Plastic Surgery Center and Spa, as well as AquaMedIV, relies upon information provided by me in assessing my ability to participate in the services provided.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Minor, Legal Guardian/Parental Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date