

INTRAMUSCULAR NUTRIENT INJECTION INTAKE FORM

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ (H) _____ (C) _____ (other)

Date of Birth: _____ **(D/M/Y)** **Age:** _____ **Sex: M / F** (circle one)

Email address: _____

Are you interested at receiving our email newsletters or specials? Yes or No

In case of emergency, who should we contact: _____

What are your main complaints? _____

Allergies: _____

Have you had injections before? _____ If so any problems? _____

Medications: _____

Please check if you have any of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Low depressed mood | <input type="checkbox"/> Pernicious Anemia |
| <input type="checkbox"/> Weight issues | <input type="checkbox"/> Irritability/moodiness | <input type="checkbox"/> Pregnant /trying to be pregnant |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Memory Loss/Alzheimer's |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Immunosuppression |
| <input type="checkbox"/> Thyroid disorders | <input type="checkbox"/> IBS/Inflammatory Bowels | <input type="checkbox"/> Numbness or tingling of body |

****You will be charged the price of the injection for every missed appointment or late cancellation (less than 24 hour notice).**

Potential benefits of Nutrient Injections

- More energy, mental alertness and stamina for everyday tasks
- Healthier immune systems
- Improves sleep
- Increases metabolism, thereby aiding in weight loss
- Reduces allergies, stress and depression
- Improves mood stabilization
- Lessens frequency and severity of migraines and headaches
- Helps lower homocysteine levels in the blood

Informed Consent for Treatment I consent to all nutrient injections rendered by the doctor(s), medical assistants or nurses employed by or associated with East Valley Naturopathic Doctors. I understand that there are risks to vitamin nutrient injections including but not limited to pain, bruising, inflammation, injury, infection, allergic reactions, headaches, dry mouth, difficulty sleeping, diarrhea, blurred vision, unpleasant taste, increased urination, cramps, and metabolic disturbances. I do not expect the persons employed or associated with East Valley Naturopathic Doctors to anticipate and or explain all risk and possible complications. I hereby release the doctors at East Valley Naturopathic Doctors from all liabilities regarding my treatment with vitamin/nutrient injections. I understand that nutrient injections may not be approved by the United States Food and Drug Administration for the treatment of my medical condition.

Patient Signature

Date: