

History and Physical Form



Name: _____

Date of Birth: _____

Gender: _____

Allergies: _____

Current Medications: _____

1. Have you ever had a **nutrient IV infusion**?

No Yes (when and what) _____

Problems with prior infusions including reactions, allergies or access issues?

2. What condition are you treating and/or what is your treatment goal?

3. Do you have any of the following conditions? None

End Stage Renal Disease	Myasthenia Gravis	Myxedema
Cerebral Hemorrhage	HyPERmagnesemia	Current UTI
hyPERparathyroidism	Kidney/Renal Disease	Cardiac Arrhythmia
G6PD Deficiency	Hemolytic Anemia	Low Blood Pressure

4. Have you been told that you need to start dialysis or are you currently on dialysis? Yes No

5. Are you taking or have you been told you need to take **Digoxin**? Yes No

6. Are you of African, Middle Eastern or Asian descent?
(G6PD screening for Vitamin C infusion) Yes No

7. Have you been told you have a decreased GFR or kidney problem? Yes No

If Yes, please explain _____

Physical Exam (Focused, Brief)

A&O x 3, HRRR, Lungs CTA, Radial Pulse 2+, Zero-trace pre-tibial edema _____

Refer to Order Set

Practitioner Name _____ Date _____

Practitioner Signature _____