

IV/B12 Injection Intake Form

(Fill in blanks and circle appropriate answers below. Y=yes, N=no, U=uncertain)

Please circle which injection you are interested in- B12 IV Both

What condition or symptoms are you hoping to treat with IV or B12 injection therapy? _____

Have you had IV or B12 injection therapy in the past? Y N

If yes, did you have any negative reactions or allergic reactions? Y N U
If answered Yes or Uncertain to reaction please describe _____

If you have had past IV please describe what was in it? _____

Are you currently a Vegan or Vegetarian? Y N

If yes for how long _____

Do you take supplements or medications? Y N

If yes please list all supplements and medications you currently take: _____

What diseases have you been diagnosed with and currently suffer from? _____

Have you even gotten light headed or fainted from an IV, Injection, or having blood drawn? Y N

If yes please describe _____

How often do you receive injection therapies? _____

When was your last injection therapy? _____

Please write a number between 1-10 (10 being worst), which describes your current state.

Fatigue _____

Pain _____

Stress _____