BODY & MIND WELLNESS CENTER
Healthy, Beautiful and Happy!
Phone: 941-444-0441 E-mail: bmwellnesscenter@gmail.com
1515 Second Street , Sarasota , FL 34236
www.bmwellnesscenter.com

Intravenous (IV) Infusion Therapy Intake Form

Patient Information:

Name: _____ Date: _____

Date of Birth: _____ (MM/DD/YYYY) Sex: M / F

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____

Occupation: _____ Email address: _____
In case of emergency, please contact:

Name: _____ Phone: _____
What are your main complaints? (Please check all that apply)

- Fatigue or low energy
- Stress
- Poor diet due to busy lifestyle
- Brain fog or trouble concentrating
- Low mood or depression
- Headaches or migraines
- Weight gain/difficulty losing weight
- Asthma and allergies
- Recent surgical procedure
- Recent illness
- Cold or flu symptoms
- Facial wrinkles or fine lines
- Dull or dry skin
- Malabsorption issues
- Other: _____

Which statements best describe why you are here today? (Please check all that apply)

- I want to have more energy and feel better overall
- I want to do everything I can to nourish my body
- I want to do everything I can to enhance my weight loss efforts
- I want to prevent getting sick
- I want to recover quickly from my surgery or illness
- I want to slow the aging process
- I want to feel and look younger
- I want to have smoother, brighter, and more vibrant skin
- I want to cleanse my body of toxins
- I want to recover quick
- Other: _____