

SUBCUTANEOUS 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:

- Fatigue
- Weight issues Heart Disease Sleep disorders Asthma
- Thyroid disorders

- Low depressed mood Irritability/moodiness Diabetes
- Osteoporosis
- Allergies IBS/Inflammatory Bowels

- Pernicious Anemia
- Pregnant /trying to be pregnant Memory Loss/Alzheimer's Tendonitis Immunosuppression
- 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 and 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 Sunstate Wellness. 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 Sunstate Wellness to anticipate and or explain all risk and possible complications. I hereby release the doctors at Sunstate Wellness 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: _____