

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

**Medical Questionnaire for Hydration Station Patients:**

**Allergies:** Please list anything you are allergic to (medications, food, etc.). If none, please write "**None.**"

- 1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

**Medications (prescription items):** Name of Prescriptions, Strength and Frequency

- 1) \_\_\_\_\_ 6) \_\_\_\_\_  
2) \_\_\_\_\_ 7) \_\_\_\_\_  
3) \_\_\_\_\_ 8) \_\_\_\_\_  
4) \_\_\_\_\_ 9) \_\_\_\_\_  
5) \_\_\_\_\_ 10) \_\_\_\_\_

**Medical History:** Please **Circle** pertinent medical history and **List** additional medical problems

- |                               |   |                             |
|-------------------------------|---|-----------------------------|
| 1) - Diabetes Mellitus Type I | - Diabetes Mellitus Type II (Adult Onset) | - Hypo Hyperthyroidism      |
| - Asthma                      | - COPD/Emphysema                          | - Hypertension              |
| - Congestive heart failure    | - Coronary artery disease/Chest pain      | - History of Heart Attack   |
| - Shortness of breath         | - Edema (arm or leg swelling)             | - Chronic nausea/Vomiting   |
| - Liver problem               | - Kidney problem including kidney stones  | - Hepatitis B or C positive |
| - Constipation/Diarrhea       | - Inflammatory Bowel Disease              | - Irritable bowel syndrome  |
| - History of Stroke           | - History of blood clot or DVT            | - Enlarged Prostate         |
- Any type of Cancers (Please specify type of cancer) - \_\_\_\_\_

2) **Please list any additional medical problems:**

- a) \_\_\_\_\_ e) \_\_\_\_\_  
b) \_\_\_\_\_ f) \_\_\_\_\_  
c) \_\_\_\_\_ g) \_\_\_\_\_

d) \_\_\_\_\_ h) \_\_\_\_\_

**Surgical History:** Please **Circle** pertinent surgical procedures and **List** any additional surgeries

1) - Brain surgery (Tumor resection/Shunt placement)

- |                        |                  |                                   |
|------------------------|------------------|-----------------------------------|
| - Cataract surgery     | - Tonsillectomy  | - Angioplasty/Heart Bypass        |
| - Gall bladder surgery | - Appendectomy   | - Joint replacement surgery       |
| - Joint surgery        | - Hernia surgery | - Hysterectomy (complete/partial) |
| - C-section            | - Mastectomy     | - Prostate surgery                |

2) **Please list any additional surgeries:**

a) \_\_\_\_\_ d) \_\_\_\_\_

b) \_\_\_\_\_ e) \_\_\_\_\_

c) \_\_\_\_\_ f) \_\_\_\_\_

**Review of Systems:** Please **Circle** symptoms you are experiencing. These symptoms are pertinent to patients receiving intravenous therapy.

**General:** Weakness / Fatigue / Dehydrated / Fever / Chills

**Head and Neck:** Headache / Dizziness / Sinus pain and discharge / Sore throat / Ear pain

**Pulmonary:** Coughing / Wheezing / Sputum production / Shortness of Breath / Coughing up blood

**Cardiovascular:** Chest pain / Shortness of breath with exertion / Arm or Leg swelling /  
Trouble breathing when lying down flat / Leg pain (muscles) when walking /  
History of heart disease / History of heart failure / Heart Murmur

**Gastrointestinal:** Nausea / Vomiting / Abdominal enlargement / Abdominal pain / Rectal bleeding /  
Constipation or diarrhea / Previous Jaundice / History of Liver failure / Ascitis

**Genitourinary:** Incontinence / Problem with prostate / Pain with urination / Frequency of Urination /  
Blood in the urine

**Neurological:** Fainting / Seizures / Abnormal gait / Paralysis

**Endocrine:** Goiter or thyroid trouble / Diabetes / Increased thirst / Frequent urination

**Blood / Lymphatic:** Anemia / Bleeding tendency / Clotting Problems / Enlarged Lymph node /  
Easy bruising

**Musculoskeletal:** Muscle cramps / Muscle weakness / Pain in the joints / Swollen joints

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_