

**IV THERAPY REFERRAL**

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



* **Chronic disease**
* **Malabsorption issues**
* **Auto-immune**
* **Immune boost**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Current therapies:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Labs: Date Result Labs: Date Result \_\_\_**

**G6PD quant CBC \_\_\_**

**LFT eGFR \_\_\_\_\_\_\_ \_\_\_**

**\*\*MARK IF HIGH OR LOW: K Ca Na Cl OTHER:\_\_\_\_\_\_ \_\_\_**

**=================================================================================**

**Desired IV Therapy:**

**\_\_\_\_\_ Quality of Life (Nutrition, Hydration) \_\_\_\_\_ High Dose IVC \_\_\_\_\_ ART**

**\_\_\_\_\_ DCA / LAMC \_\_\_\_\_ Iron \_\_\_\_\_Curcumin**

**\_\_\_\_\_ Silver Hydrosol \_\_\_\_\_ Ozone MAH**

**\_\_\_\_\_Ozone hyperbaric Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Dose frequency: once twice \_\_\_\_\_\_\_\_\_\_ times per week**
* **Assessment with referring physician: every \_\_\_\_\_\_\_\_\_\_ weeks.**

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**First IV approved prior to IHC staff physician sign off if patient eGFR is > 40 may include:**

**\_\_\_\_\_ Hydration formulas**

**\*\*\* Patient IV Handout given: YES NO**

**\*\*\* Patient advised regarding proper hydration and food intake with IV: YES NO**

**Notes:**

**Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**