



2810 Manatee Ave E.
Bradenton, FL 34208

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: _____

Gender: _____

Date of Birth: (VALID IDENTIFICATION REQUIRED) _____

Emergency Contact Information:

Name: _____

Telephone No.: _____

Relationship: _____

Why are you visiting Hydrate today? Please check all that apply.

Alcohol-related illness

Viral Syndrome

Nausea

Vomiting

Diarrhea with nausea and vomiting

Diarrhea without nausea and vomiting

Flu/Flu like symptoms

Current Medications and Current Dosage (Including all prescription, over the counter, herbs, vitamins, and supplements):



2810 Manatee Ave E.
Bradenton, FL 34208

Allergies: _____

Type of reaction: _____

1. Have you been hospitalized or under the care of a physician in the past month? ___ YES ___ NO

2. Medical History:

Congestive Heart Failure ___ YES ___ NO

Liver Disease ___ YES ___ NO

Kidney Disease or Renal Insufficiency ___ YES ___ NO

Gastrointestinal bleeding ___ YES ___ NO

3. Do you currently take a blood thinner? ___ YES ___ NO

4. Do you currently take or use any type of steroid? ___ YES ___ NO

5. Are you pregnant? ___ YES ___ NO Date of last menstruation: _____

PLEASE INITIAL BELOW:

If you answered (“Yes”) to any of the above questions 1-5, it may be advised by the

Medical Director that you not receive IV Fluids, and you may be denied services. _____

I understand that participating in the intravenous (IV) hydration and vitamin administration services provided by Two Rivers Urgent Care and Wellness LLC. carries risks. _____

I have truthfully answered all questions regarding my medical history and have informed the staff about any and all prescription medications and/or over the counter drugs I take, as well as any street or recreational drugs. I understand that failing to inform the staff about my medical issues and/or drug use can lead to serious complications. _____

I acknowledge that I am responsible for any medical care I may have that is directly or indirectly related to the services provided by Two Rivers Urgent Care and Wellness LLC. If I seek medical treatment for any side effect or reaction, it will be at my own expense. _____

I acknowledge and agree that the sole risk of injury or harm resulting in any manner from my voluntary participation in Two Rivers Urgent Care and Wellness LLC. Services rests entirely with me to the extent that I fail to disclose my health condition(s), medications, or drug use in advance of the services provided. _____

I expressly represent and warrant to Two Rivers Urgent Care and Wellness LLC. that I have never been diagnosed with or treated for any illnesses or conditions that may result in increased risk when



2810 Manatee Ave E.
Bradenton, FL 34208

participating in the services provided by Two Rivers Urgent Care and Wellness LLC. I understand that Two Rivers Urgent Care and Wellness LLC. bears no responsibility for and will not screen for, diagnose, monitor, or provide any care for such conditions. _____

I acknowledge that Two Rivers Urgent Care and Wellness LLC. relies upon information provided by me in assessing my ability to participate in the services provided. _____

There is no guarantee that hydration therapy will temporarily or permanently cure or resolve your hangover, effects of altitude sickness, dehydration, or viral illness.

Please drink alcohol in moderation. Heavy drinking after hydration therapy can

lead to stomach irritation or other complications. Hydration therapy is not a cure for heavy drinking. Excessive drinking can lead to alcohol poisoning and other serious medical problems. Always drink alcohol in moderation. Hydrate is not a medical clinic. If you feel that you need medical attention or are concerned about a new or ongoing medical problem, please go to the nearest emergency department or call 911.

IV HYDRATION RISKS INCLUDE THE FOLLOWING:

Injury

Bleeding

Infection

Inflammation/Swelling

Extravasation

Extravasation of fluid

Misplacement of IV lines in the body

Air Embolism

Fluid overload

Adverse interactions with medications

Nerve injury

Lightheadedness or fainting

Damage to surrounding structures Bruising or scarring from insertion of

(temporary or permanent) due IV

to placement of IV



2810 Manatee Ave E.
Bradenton, FL 34208

I acknowledge that I have been given the opportunity to discuss the nature and purpose of the treatment and the risks, complications, and consequences associated with the procedures. I am aware that it is impossible to foresee or predict all possible risks, complications, and consequences, and I do not expect that the staff to anticipate or explain all associated risks. _____

I waive any and all claims related to the services provided and agree to hold Two Rivers Urgent Care and Wellness LLC. harmless regarding any complications or consequences I experience during or following the service. _____

It is understood that any dispute as to medical malpractice (whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompletely rendered) will be determined by submission to arbitration and not in a court of law or before a jury. It is the intent of the parties that this agreement covers all existing or subsequent claims or controversies, whether in tort, contract, or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to the treatment or services provided or not provided by any employee, physician, association, partner, or agent affiliated with Two Rivers Urgent Care and Wellness LLC. to a patient. This party includes causes of action that might be brought on behalf of me by a spouse, heir, child (born or unborn), guardian, or parent.

My signature below confirms that:

I HAVE READ AND UNDERSTAND THE ABOVE ARBITRATION
AGREEMENT.

I am 18 years or older, of sound mind, and I authorize and consent to the use of hydration therapy.

The procedure set forth above has been adequately explained to me by my attending medical professional.

I have received all of the information that I desire regarding hydration therapy.

This document services as an informed consent for hydration therapy.

Patient

Date