



Name :

Date :

Email :

I have read, understand, and agree to the terms of the well waiver form and the HIPAA form/rights.

Yes, I understand and agree to the terms

I understand that well hydration LLC. is not taking the place or claiming to be my primary care provider, and that well hydration LLC. is solely providing a service.

Yes, I understand

Do you have any allergies?  No  Yes

Do you have any medical problems?  No  Yes

Explain \_\_\_\_\_

Do you take medication every day?  No  Yes

Explain \_\_\_\_\_

Do you have any of the following conditions?

- Heart Disease or heart condition
- Renal Disease
- Anemia
- Thalassemia
- Polycythemia
- High blood pressure
- Leg swelling
- Lung disease or breathing problems
- Asthma
- Taking anticoagulants
- Current pregnancy/breastfeeding
- G6PD

Check all that apply:

Are you feeling fatigued?

Are you feeling dehydrated?

SIGN:

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RN: