mind·body·soul
INTEGRATIVE CLINIC

# IV IRON REFERRAL FORM

Patient Name: _____

Date of Birth: _____ (MM / DD / YYYY)

Phone Number: _____ Patients will be called by Mind Body Soul Staff to arrange your appointment time

## SECTION A IRON INFUSION

Indication: Iron deficiency +/- anemia **AND** oral iron replacement therapy ineffective.

## LABORATORY

Please fax most recent relevant bloodwork and fill in the following:

Hgb: _____ Date: _____

Ferritin: _____ Date: _____

Transferrin Saturation: _____ Date: _____

## ALLERGIES

Has the patient ever had an infusion reaction to iron in the past? ☐ Yes ☐ No

*If yes, please explain:* _____

_____

Does the patient have asthma/inflammatory arthritis? ☐ Yes ☐ No

*Other Allergies:* _____

_____

## ORDERS

☐ Monoferric 1000mg ☐ Iron Sucrose ☐ Other: _____

☐ Monoferric 500mg _____ x 250mg Infusion(s)

## IS THE PATIENT PREGNANT?

☐ Yes ☐ No

Clinic Name/ Phone Number or Stamp

Physician Name: _____

Physician Signature: _____ Date: _____ _____

Mind Body Soul Integrative Clinic charges an infusion fee for each treatment, due at the time of your appointment. Please check with your insurance provider if you are covered for this service and wish to claim it.

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