Confidential Client In-take Form

Name:______________________________________ Today's Date:________________
Address:____
City:__________________________Prov./State:_____________________ Postal/Zip Code:_______________
Phone # (Home):____________________________Email Address:__________________________________
Phone # (Work/Cell):________________Birth Date: (d)___(m)___(y)_____Occupation:________________
Have you had colonics before? ____ How many? ____ When? ______________________________________
Other Cleansing Experiences Include: ____
____
Name of M.D., Herbalist and/or N.D.:____
Reason for seeking colonic treatment:____

HEALTH CONDITIONS
Are you currently taking any medications?____ Please list all:____________________________________
Have you had ☐ surgeries ☐ major injuries ☐ accidents List with Dates:_________________________
____
Any Problems with: ☐ Constipation ☐ Diarrhea ☐ Abdominal Pain ☐ Hemorrhoids ☐ Gas
How often do you have a bowel movement: ____ times a ☐ day ☐ week
Other Colon Problems: now ______________________________ In the Past ________________________________
Have you taken antibiotics in the Past: ________________ Chemical Laxatives: _______ Birth Control: ______________
Food Allergies/Restrictions/Intolerances: ____
Diagnosed Health Conditions: _________________Do you have, or are a carrier, of an infectious disease: ___________
Do you have, or have been treated for: ☐ HIV/Aids ☐ Hepatitis
Stress Level: ☐ None ☐ Slight ☐ Moderate ☐ Severe
Physical Activity: ☐ None ☐ Light ☐ Moderate ☐ High

CONTRAINDICATIONS for Colon Hydrotherapy: Do you presently have, or have you had any of the following conditions?

	Yes	No	When		Yes	No	When
Cancer of the Colon or GI tract	☐	☐	____	Vascular Aneurysm	☐	☐	____
Acute Abdominal Pain	☐	☐	____	Renal Insufficiency	☐	☐	____
Recent History of GI bleeding	☐	☐	____	Epilepsy or Phychoses	☐	☐	____
Congestive Heart Failure	☐	☐	____	Cirrhosis	☐	☐	____
Uncontrolled Hypertension	☐	☐	____	Carcinoma of the Rectum	☐	☐	____
History of Seizures	☐	☐	____	Severe Hemorrhoids	☐	☐	____
Abdominal Surgery	☐	☐	____	Intestinal Perforation	☐	☐	____
Diverticulitis	☐	☐	____	Fissures or Fistula	☐	☐	____
Recent Heart Attack	☐	☐	____	Abdominal Hernia	☐	☐	____
General Debilitation	☐	☐	____	Currently Pregnant	☐	☐	____
Colon or Rectal Surgery	☐	☐	____				

All information will be held in strict confidence. This information may help your therapist to assist you better in your quest for optimal colon hydrotherapy results. It is not intended to diagnose or prescribe and is not a replacement for your regular medical attention by your Physician. I have read the contraindications for colonic irrigation listed above and with my signature below I testify that I DO NOT HAVE ANY of the listed conditions.

Print Name: ________________________ Signature: ___________________________ Date: __________________