

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Status S M D W Children Y N
Weight _____ Height _____ DOB _____ Age _____ Occupation _____

Email & Web Address

How did you hear about me? _____ Blood Type _____

Have you received colon hydrotherapy? _____ Date _____ Results _____

What is your reason for treatment? _____

Have you had a barium X-ray? _____ Colonoscopy? _____ Dates? _____

Reason and results _____

What other therapies are you using? _____

Primary Physician _____

Fluids

What is your total fluid intake per day in quarts? _____

Circle your main beverages: water - tap - distilled - RO - herb teas - raw juices - bottled juices - coffee - tea - beer wine - alcohol - soft and/or diet drinks - bone broths and stocks

Do you have a juicer? Y N Do you have food processor? Y N Do you have a blender or Vitamix? Y N

Exercise

Do you exercise? Yes No Types of exercise _____

Length of workout _____ Days practiced _____

Circle Does exercise come easy or hard? Did you have physical training as a child? Y N

Diet

Have you fasted? Yes No Circle what you crave? sugar salt carbonation chocolate fat processed food caffeine

Circle the Yes or No:

I eat Organic Yes No Real Food Yes No Non-GMO Yes No Processed Food Yes No

Percentage % of processed food eaten _____%

Have you eaten the following in the past year? Circle for Yes.

- Red meats Cheeses Vegetables Bread Red Bull
Poultry Sour Cream Greens Pasta E-mergen C
Fish Whipping Cream Fruits Popcorn MSG
Nuts Kefir Potatoes Boxed Cereals Artificial sugars
Seeds Yogurt Sweet potatoes Pastries Balsamic vinaigrette
Eggs Milk Corn Pizza Soy sauce
Cold Cuts Mayonnaise Soy Crackers Almond milk
Ghee Coconut oil Whole grains French Fries Ice cream
Butter Olive Oil Beans Chips Catsup
Margarine Avocados Hummus Salt Sea Salt Chocolate

Eating Behaviors

Circle any behaviors you experience(d). overeating bingeing anorexia bulimia late night eating eating when fatigued in pain constipated emotionally upset not hungry

Do you feel food addicted? Y N Do you eat slowly and chew well? Y N

Are you able to eat and drink what you intuitively feel is right for you? Y N

Intestinal Conditions

Initial any you experience(d). N = Now and P = Past

fatigue after eating	diarrhea & constipation	prolapsus/redundancy	ulcer
hungry all the time	atonic colon	colitis/mucus/ulcerative	perforation
gluten intolerance	gripping/cramping	diverticulosis/itis	fissure
indigestion	impaction	spastic colon	fistula
gas	hard stool	IBS	hernias
bloat	parasites	celiac disease	rectal pain
reflux/heartburn	black stools	Crohn's disease	hemorrhoids
constipation	intestinal/rectal bleeding	anal/rectal itching/burning	colon /rectal carcinoma
diarrhea			colon/rectal surgery

How often do you eliminate? Times Daily _____ Weekly _____

Initial any you use(d). N = Now and P = Past

psyllium bentonite charcoal laxatives enemas castor oil enzymes flora stool softener antiacids

Brand name _____ Dates _____

Circle the appropriate. My bowel movements are:

spontaneous occur only after eating effortless require straining painful incomplete

Do you have any family history of intestinal problems? Y N What? _____

Other Conditions

Initial any you experience(d). N = Now and P = Past

dental issues	allergies	foot fungus	Parkinsons	water retention
aneurysm	cancer	skin itching/rashes	Abdominal visceral fat	interstitial cystitis
earache	RA MS or arthritis	eczema	stroke	pms
headache	candida/monilia	hypoglycemia	insomnia	irregular periods
migraine	fybromyalgia	diabetes	heart disease	endometriosis
lyme disease	CFS EBV	hepatitis/cirrhosis	high insulin or glucose	uterine fibroids
auto-immune Rx	lupus	nausea	hypo/hyperthermia	pregnancy (mos)
mold	aids	vomiting	anemia	abortion
metabolic syndrome	renal insufficiency	backache	high triglycerides	cysts
sinusitis	psoriasis	shoulder pain	high LDL's	menopause
asthma	shingles	joint/muscle pain	high c-reactive protein	STD
seizures	herpes	swollen prostate	high blood pressure	infertility
chemical sensitivity	urination difficulties	impotency	inability to lose weight	accident injury or trauma

Surgeries

Circle and date operations: gall bladder uterus ovaries prostate intestines spleen C-section laparoscopy liposuction appendix bariatric rectocele cystocele back cyst tubal ligation vasectomy ectopic pregnancy Other _____

Emotional Mental States

Circle any you experience(d) excessively.

depression irritable restless codependent grief anger hurt sad forgetful anxious fearful despair victim of sexual or other abuse mental confusion obsessive compulsive bipolar suicidal PTSD

Are you under excessive stress? Y N How do you respond to stress? _____

Supplements and Drugs

List herbs, vitamins, supplements used _____

List over the counter medication used _____

List prescription medication used _____

Does any of your medication slow or speed your elimination? Name _____ Effect _____

Initial substances you use(d).N = Now and P = Past

Marijuana cocaine heroin meth nicotine opioids sedatives birth control pills hormones steroids other

Price, Policy and Disclaimer for Colon Hydrotherapy

Visa, Mastercard, Discovercard Accepted

Investment in your intestinal health prices!

One Session	\$80
Three (3) Sessions	\$220
Five (5) Sessions	\$300
Ten (10) Sessions	\$500

Series must be used within five (5) months

Concierge Service

6 months	\$750
12 months	\$1500

Includes colonics, consults and research.

(Only for those working on specific issues.)

No Refunds Are Available

Series are non-transferable

Implants and Additives Implants \$30 (Additional 30 minutes required) Additives \$10

Predominant additives are coffee, wheat grass and probiotic.

Cancellation Policy

24-hour cancellation is required for any appointment or you are charged for the full amount.

Disclaimer - Colon Hydrotherapy is not intended to replace the relationship with your primary health care providers and my consultation is not intended as medical advice. They are intended as a sharing of knowledge and information from my education, research, experience and community. As a Colon Hydrotherapist, I encourage you to be open to new information on the effectiveness of colon hydrotherapy and the foundational role of diet, exercise, supplementation, stress management and emotional and mental work. I encourage you to make your own health care decisions based upon your research and in partnership with your primary health care providers.

The information and service provided is not used to prescribe, recommend, diagnose or treat a health problem or a disease. It is not a substitute for medical care. If you have or suspect you may have a health problem, you should consult your primary health care providers.

Name _____ Date _____