Client Health Questionnaire

CONTACT INFORMATION

Name:____ Date___________

Address____

Phone__________________ (home)_______________ (work) _____________ (cell)

Email Address____

Date of Birth___________________ Height______________ Weight_____________

Sex __ Male __ Female Marital Status __ Married __Single __Other

Children ________________ Ages _______________

Occupation____

Hobbies & Activities ____

Emergency Contact Information ____

Relationship ________________ Phone ! _______________ Phone 2 ___________

Physician ____ Phone _____________

Are you currently under a doctor's care? __ Yes __ No (if yes explain)

____

____

Date of last complete Physical Exam: _____________ Results __________________

____

Is your Physician aware of you receiving colon hydro-therapy? __ Yes __ No

Have you ever had colon hydro-therapy? __ Yes __ No)if yes, please explain where & when.

____

How did you learn of our services? ____

Please state your reasons for and expectations from receiving colon hydro-therapy:

____

Client Health Questionnaire

FOR WOMEN ONLY

Yes No
__ __ Are you pregnant?
__ __ Are your periods regular?
__ __ Do you take birth control Pills?

Yes No
__ __ Is there a chance you may be pregnant?
__ __ Do you suffer from PMS?
__ __ Do you take Hormone supplements?

FOR MEN ONLY

Yes No
__ __ Do you have difficulty urinating?
__ __ Do you take Hormone supplements?
__ __ Are you experiencing ED difficulties?
Date of last Colonoscopy__________________

Please explain all yes answers:____

DAILY HABITS

What is a typical:

Breakfast____

Lunch____

Dinner____

Snack____

Daily Water Consumption_______________________________________

Beverages____

Alcohol_________________ what & how often______________ Rec Drugs__

Yes No
__ __ Do you exercise? Describe____

____

Please describe your dietary intake (example; vegan, vegetarian, food combining, non-vegetarian-beef, pork, poultry, seafood, home cooking, home/dinning out, fast food, etc)

____

____

On a scale of 1-5 (with 1 being low and 5 being very high) what best describes your usual daily stress level 1 2 3 4 5

Are circumstances in your life increasing your usual stress level? (you may share if you wish)

____

____

Yes No
__ __ Are you interested in learning more about diet and lifestyle changes?

VITAL HEALTH INFORMATION

In order to provide the best possible care and to insure optimum results from your colon hydro-therapy session, the following information is essential. Please complete this section thoroughly and completely. All information contained herein, is strictly confidential.

(Please list all and for what purpose)

Prescription Medications____

____

Supplements____

____

Over the Counter Medications ____

____

List of all known allergies ____

____

List the type and year of all surgeries and major illnesses ________________________

____

Have you ever had? (if yes, when)

__ Colonoscopy   __ Signoidoscopy   __ Barium Enema   __ Rectal Surgery

____

Have you ever been treated for any of the following conditions? (check all that apply)

__ Rectal Bleeding   __ Cancer   __ Appendicitis   __ Abdominal Surgery

__ Low blood pressure   __ Ileitis   __ IBS   __ Crohn's Disease

__ Ulcerative Colitis   __ Leaky Gut Syndrome   __ Severe Anemia

__ Diverticulitis   __ Renal Insufficiency   __ High Blood Pressure

__Colitis   __ Fissures/Fistulas   __ Cardiac Disease

__ GI Hemorrhage/Perforation   __Cirrhosis

__Abdominal Hernia   __ Aneurysm   __ Hepatitis (what type)

__ HIV   __ AIDS

Please explain all checked conditions____

____

Client Health Questionnaire

__ Yes __ No __ Occasionally Do you suffer from constipation? How long?______

__ Yes __ No Do other members of your family suffer from constipation? __________

Yes No

__ __ Do you suffer from diarrhea?

__ __ Do you suffer from alternating periods of constipation and diarrhea?

__ __ Do you suffer from hemorrhoids? Internal / External / Both – Mild / Moderate / Sever

__ __ Have you ever had hemorrhoids surgically corrected? When____________

__ __ Do you take laxatives? What type?__________ How often______________

__ __ Do you diuretics? What type?_________ How often______________

__ __ Do you take fiber? What type?_________ How often______________

__ __ Do you take stool softeners? What type?______ How often______________

__ __ Have you ever taken psyllium? When?______________________________

__ __ Do you strain to have a bowel movement?

How often do you have a bowl movement?_____________________________________

Colon hydro-therapy is a process, not a quick cure. Multiple sessions combined with good eating habits and regular exercise is necessary to achieve optimum results. It is advised before beginning diet, exercise, or complimentary modality, to discuss it with your physician.

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate.

____
(Print name)

__________________________________ ______________________________
(Signature) (Date)

FOR OFFICIAL USE ONLY:

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