



Last Name _____ First Name _____
 Home Phone _____ Work Phone _____
 Email Address _____
 Cell Phone _____
 Emergency Contact _____
 Emergency Contact Phone _____
 Date of Birth _____ Age _____ Sex M _____ F _____ Height _____ Weight _____
 Occupation _____
 Marital Status _____ Referred By _____

Please check all of the following symptoms which you now have or have had in the past year. Be as thorough as possible. YOUR HEALTH HISTORY IS CONFIDENTIAL!

GENERAL SYMPTOMS

- Allergy
- Chills
- Dizziness
- Fainting
- Fever
- Forgetfulness
- Headache
- Loss of Weight
- Nervousness
- Overweight
- Sweats

EYES, EARS, NOSE and THROAT

- Asthma
- Colds
- Crossed Eyes
- Deafness
- Dental Decay
- Ear Discharge
- Ear Noise

SKIN

- Acne
- Boils
- Bruises Easily
- Dryness
- Hives
- Itching
- Sensitive Skin
- Skin Eruptions
- Varicose Veins

RESPIRATORY

- Chronic Cough
- Difficulty Breathing
- Spitting Up Blood
- Spitting Up Phlegm

CARDIOVASCULAR

- High Blood Pressure
- Low Blood Pressure
- Pain Over Heart
- Poor Circulation

GENITOURINARY

- Blood/Pus in Urine
- Control of Urine
- Frequent Urination
- Kidney Trouble
- Painful Urination
- Penal Sores
- Prostate Trouble

GASTROINTESTINAL

- Belching or Gas
- Bloody Stools
- Colon Trouble
- Constipation
- Diarrhea
- Difficult Digestion
- Distention of Abdomen
- Excessive Hunger
- Gall Bladder
- Hemorrhoids or Piles



EYES, EARS, NOSE and

THROAT

- Earache
- Enlarged Lymph Glands
- Enlarged Thyroid
- Eye Pain
- Failing Vision
- Far Sighted
- Gum Trouble
- Hay Fever
- Hoarseness
- Nasal Obstruction
- Nasal Drainage
- Near Sighted
- Nose Bleeds
- Sinus Infection
- Sore Throat
- Swollen Tonsils

CARDIOVASCULAR

- Rapid Heartbeat
- Slow Beating Heart
- Stroke/Heart Attack
- Swelling of Ankles

MUSCLE, BONES & JOINT

Pain, Weakness, Numbness in:

- Abdomen
- Arms
- Back
- Chest
- Elbows
- Feet
- Hands
- Hips
- Knees
- Legs
- Shoulders
- Spinal Curvature

GASTROINTESTINAL

- Intestinal Worms
- Jaundice
- Liver Trouble
- Poor Appetite
- Rectal Bleeding

FOR WOMEN ONLY

- Cramps or Backache
- Excessive Menstrual Flow
- Hot Flashes
- Irregular Cycle
- Lumps in Breast
- Menopausal Symptoms
- Miscarriage # _____
- Painful Menstrual Periods
- Vaginal Discharge
- Vaginal Sores

ANY OTHER SYMPTOMS:

CIRCLE any of the following conditions you have now or have had:

- | | | | |
|--------------------|----------------|--------------------|--------------------|
| AIDS | Chicken Pox | Hernia | Nervous Breakdown |
| Alcoholism | Colitis | Herpes | Pacemaker |
| Anemia | Diabetes | High Cholesterol | Pleurisy |
| Anorexia | Diphtheria | HIV Positive | Pneumonia |
| Appendicitis | Eczema | Kidney Problems | Polio |
| Arteriosclerosis | Emphysema | Liver Problems | Prostate |
| Arthritis | Epilepsy | Lupus | Psychiatric Care |
| Asthma | Fever Blister | Malaria | Rheumatic Fever |
| Bleeding Disorders | Flu | Measles | Scarlet Fever |
| Bronchitis | Glaucoma | Mental Disorder | Small Pox |
| Bulimia | Goiter | Migraines | Stroke |
| Cancer | Gonorrhea | Miscarriage | Suicide Attempt |
| Cataracts | Gout | Mononucleosis | Thyroid Problems |
| Chemical | Heart Problems | Multiple Sclerosis | Ulcers |
| Dependency | Hepatitis | Mumps | Venereal Infection |
| | | | Whooping Cough |

Others (not listed): _____



THE FOLLOWING IS A LIST OF CONTRAINDICATIONS FOR USING THIS PROCEDURE. IF YOU HAVE EVER BEEN DIAGNOSED WITH ANY OF THESE CONDITIONS, A DOCTOR'S PRESCRIPTION/RELEASE WILL BE REQUIRED TO USE THIS PROCEDURE.

- | | | |
|----------------------------|---------------------------|-----------------------|
| Abdominal Hernia | Crohns Disease | Hemorrhoid Surgery |
| Abdominal Surgery (recent) | Colitis | Intestinal Surgery |
| Abnormal Distention/Masses | Dialysis Patient | Lupus |
| Acute Liver Failure | Digestive Problem History | Pregnant (current) |
| Anemia (severe) | Diverticulosis | Rectal Surgery |
| Aneurysm | Fissures | Renal Insufficiencies |
| Carcinoma | Fistulas | |
| Cardiac Condition | Hemorrhaging | |

I _____ have read the above contraindications for colonic irrigation and by my signature below I testify that I DO NOT have ANY of the above conditions. I am also aware that the use of colonic irrigation is by my own personal choice and that the technician is not a medical doctor, nor portrays themselves as such. Colonic irrigation has not been clinically tested to provide ANY medical benefits. The facility does not claim that the use of colonic irrigation will cure or treat any condition or disease.

Print your Name _____

Signature _____

Do you use any of the following on a daily basis?

- | | |
|---------------|-------------------|
| Alcohol _____ | Supplements _____ |
| Coffee _____ | Vitamins _____ |
| Tea _____ | Minerals _____ |
| Tobacco _____ | Herbs _____ |

LIST ALL DRUGS AND/OR MEDICATIONS YOU HAVE TAKEN OVER THE LAST 12 MONTHS (Prescription, Non-Prescription, and Herbal)

Drug	How Often
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you are currently taking any medication for any condition, prescription or non-prescription, you may want to check with your doctor before using colonic irrigation. If you have ever been diagnosed with any intestinal condition, or have taken any medication that can weaken the intestinal walls, you should check with your Primary Health Care Provider before using colonic irrigation. If you are not sure of the side effects of the drugs you are using, you can check on the internet or with your local Pharmacist or Doctor.



HAVE YOU EVER:

Please describe the; what and when of any situation below

Had any unusual accidents or falls? _____
Had any bone fractures? _____
Been knocked unconscious? _____
Had any surgical operations? _____

HABITS:

SLEEP – Hours Daily? _____ Is it enough? _____
EXERCISE – Daily? _____ Is it enough? _____
FRESH AIR – Daily? _____ Is it enough? _____
WATER – Daily? _____ Is it enough? _____
FOOD – Too much or too little? _____ Use proper food combining? _____

BOWEL MOVEMENTS - 3 times daily 2 times daily 1 time daily 2 times weekly
 1 time weekly Other _____

POSITIVE ATTITUDE – Yes No Consistent? _____
EMOTIONS – Do you feel they are in balance? _____

MOST RECENT MEDICAL SERVICE/HOSPITALIZATION? – For what, where, and when:

HAVE YOU EVER HAD PROFESSIONAL COLON HYGIENE/LOWER BOWEL EVACUATION
SESSIONS BEFORE? No _____ Yes _____

If yes, where and when: _____

The procedure of colonic irrigation does not cure or treat any disease. Colonic irrigation is only for the
removal of waste from the colon and had no scientifically proven benefits.

YOUR #1 HEALTH GOAL, OR CONCERN AT THIS TIME? _____

Date

Client’s Signature