Gentle Pathways ~ Council Rock Greens ~ 2280 East Ave, Suite 4 ~ Rochester, NY 14610
Phone: (585) 209-9109 Email: info@gentle-pathways.com

DELUXE COMBO CLEANSING INTAKE FORM

Please complete the following questions carefully.

How Did You Learn About Our Services?

Personal Referral ___ Doctor/Practitioner ___ Print Ad ___ Internet ___ Yellow Pgs ____ Other ___

Who May We Thank for the Referral?: _____

Name: _____ M [ ] F [ ] Birth date ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Height: _____ Weight: _____ Marital Status: S [ ] M [ ] D [ ] W [ ] # children: _____

Home # ( ) _____ Work # ( ) _____ Cell # ( ) _____

Email address: _____ May we contact you at this address? **Y N**

Emergency Contact: _____ Phone: _____

1. Have you ever had a colonic before? _____ If so, when ? _____

Other forms of detox you are using or have used: _____

_____

2. Are you now under a doctor's care? _____ If so, please explain:_____

_____

3. Doctor's name_____ Phone: _____

4. Top health concerns: _____

_____

5. List all medications & supplements you now take regularly (including over the counter) _____

_____

_____

6. List all known allergies: _____

_____

7. Digestion: How is your digestion? [Circle: adequate, poor, acid reflux, bloating, burning/pain in stomach]

Other complaints:_____

8. Bowel Habits: How are your bowel eliminations? (circle the best response)

How often? *3 times daily, 2 daily, once per day, skip days,* _____

Amount*: normal, too little, too large* **Consistency:** *normal, too hard, very soft, diarrhea*

Color*: brown, black, whitish, greenish.* **Other***: lots of mucus, lots of gas, foul smell*

Other complaints: _____

8a: Do you use a stool softener or laxative?_____ Herbal laxative? _____ Suppository? _____

If yes, how often? _____ Product name: _____

8b: Do you have hemorrhoids or other rectal problems (itching, etc)? Yes [ ] No [ ]

Describe:_____

8c: Do you have to strain to have a bowel movement? Yes [ ] No [ ] Sometimes [ ]

9. How much **water** do you drink per day? _____ (**Source**: *tap, bottled, filtered, boiled)*

10. Exercise: What kind of exercise do you do? _____

How often? _____ Duration? _____

11. Energy: Please rate your normal energy level on a scale from 1-10:
(10 = "optimal energy " - 1 = "can't get out of bed") _____

12. Diet: What type of diet best describes your general **dietary habits**
Circle best response: *junk food/fast food eater, vegetarian, vegan, macrobiotic, health conscious, natural food eater (over 50% organic), combination (from junk food to health conscious)*

Describe your typical daily diet:
Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages:_____

13. Smoking: Do you currently smoke? _____ If yes, how much? _____ How long ?_____

14. Alcohol Consumption: What kind: _____ Frequency: _____

15. Do you now have or have you ever suffered with any of these conditions? (Circle all applicable – indicate **P** for past, **C** for current)

Diverticulitis	*Fissures/Fistulas*	*Rectal Bleeding*	*Parasites*
Diverticulosis	*Abdominal Surgery*	*Bloating/Excessive Gas*	*Ulcerative Colitis*
Chrohn's Disease	*Hemorrhoids*	*UTI/Yeast Infections*	*Chronic Diarrhea*
Intestinal Polyps	*Colon Cancer*	*Yeast/Candida*	*Abdominal Hernia*
Constipation	*Irritable Bowel Syndrome*	*Leaky Gut Syndrome*	*Colon-Rectal Surgery*

16. Stress: Please rate your current stress level (on a scale of 1 to 10, 10 being the highest stress): _____
What are the main sources of your stress?

_____

If over level 5, what step(s) are you taking to reduce your stress level?

_____

17. Women only: Are you pregnant? _____

Monthly cycle: experience PMS?_____ Are your periods more than 6 days?_____

18. What do you hope to achieve from this Deluxe Cleansing Combo appointment? _____

_____

Signature: _____ **Date:** _____

** ***Reminder: Please stop eating 2 hours prior &stop drinking fluids 1 hour prior to your appointment*** **

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Annette Barber, BS, CNHP, CCHT
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FINANCIAL & CANCELLATION POLICY AND RELEASE STATEMENT

Single Session (Initial Visit) ~ $160 **Single Session** (Revisit) ~ $140

Missed Appointments ~ $75.00 **Returned Check Fee** ~ $25

An initial appointment which includes a consultation, lymphatic decongestive treatment and colon hydrotherapy session will take approximately 3 hours. Follow up sessions last approximately 2 ½ hours. There may be supplements recommended to complement and enhance the process of cleansing, detoxifying and rebalancing the system. These supplements are an additional cost. All payments are due at the time of visit. **Preferred method of payment is cash or checks** but do accept Visa or MC. The above prices are subject to change. ***There may be times when promotional prices are offered.***

Your time is valuable and we appreciate your understanding that our time is valuable as well. If you don't show up for your appointment or if less than 24 hours notice is given to change or cancel an appointment, you will be charged a fee of $70 for the missed appointment. Your willingness to cover the cost of a missed appointment when you cannot give 24 hours notice clearly demonstrates your consideration of our time and efforts. (Special circumstances are considered on a case by case basis).

Women who are pregnant or think they might be pregnant, or people with pace makers should not receive light and sound therapy with the Photon Sound Beam device.

I acknowledge that Gentle Pathways, and any staff members are not medical doctors. I understand that Annette Barber may provide nutritional and other health related information to help me attain and maintain my best health. All suggestions are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition. I understand that Annette Barber does NOT diagnose, treat or claim to cure any illness or disease.

I have been made aware of all contraindications for Colon Hydrotherapy and Photon Sound Beam therapy and I am here on this day and any subsequent visit by my choice and solely on my own behalf. I hereby release and discharge Annette Barber, Gentle Pathways from any and all claims which I or my agents ever had, now have or may have relating to or arising out of services provided or recommendations that I have received. I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

I give permission to share my health information with other practitioners and health care professionals who are also providing services for my care. *(Your Initials: _____)*

I have read this informed consent and understand it. I am not a minor (under the age of 18).

I understand the above Financial & Cancellation Policy and will abide by these charges.

I am signing this release voluntarily.

_____ _____
Client Name (Signature) Date

_____
Client Name (Printed)