

## COLON HYDROTHERAPY 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*

*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 appointment for colon hydrotherapy? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Annette Barber, BS, CNHP, CCHT**  
**www.gentle-pathways.com**

## **FINANCIAL & CANCELLATION POLICY AND RELEASE STATEMENT**

**Single Session (Initial Visit) ~ \$120**

**Single Session (Revisit) ~ \$95**

**Add BioMat Therapy – additional \$20**

**Missed Appointments ~ \$60.00**

**Returned Check Fee ~ \$25**

An initial appointment which includes a consultation and colon hydrotherapy session will take approximately 2 hours. Follow up sessions last approximately 1 – 1 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, MC Amex and Discover. 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 \$60 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).

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 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)