



COLON HYDROTHERAPY
Encinitas, CA

CLIENT INTAKE FORM

NAME MALE/FEMALE DATE

ADDRESS

PHONE ALT. PHONE EMAIL

OCCUPATION BIRTH DATE HOW DID YOU HEAR ABOUT US?

HAVE YOU RECEIVED COLONICS BEFORE? DATE RESULTS

ARE YOU UNDER A DOCTOR'S CARE? IF SO, PLEASE EXPLAIN

DOCTOR'S NAME DOCTOR'S PHONE

HAVE YOU HAD A BARIUM X-RAY? COLONOSCOPY? DATE REASON AND RESULTS

HOW MANY BOWEL MOVEMENTS PER DAY DO YOU HAVE? WHAT IS YOUR FLUID INTAKE PER DAY?

PLEASE CIRCLE ANY OF THE FOLLOWING HEALTH CONDITIONS THAT APPLY TO YOU.

- HEMORRHOIDS SEVERE HYPERTENSION PREGNANCY ANEURYSM SEVERE ANEMIA ABDOMINAL HERNIA
COLON CANCER GI HEMORRHAGE/PERFORATION RENAL INSUFFICIENCY, FISSURES/FISTULAS RECENT COLON SURGERY
CIRRHOSIS OF THE LIVER CROHN'S DISEASE CARDIAC CONDITION CARCINOMA COLITIS DIVERTICULOSIS
LUPUS ABDOMINAL SURGERY DIALYSIS PATIENT

ANY OTHER MEDICAL CONDITION THAT WE SHOULD KNOW ABOUT?

I HAVE NOT BEEN DIAGNOSED WITH ANY CONTRAINDICATIONS FOR COLON IRRIGATION. (SEE ABOVE*). I AM AWARE THAT COLON HYDROTHERAPISTS ARE NOT PHYSICIANS AND THEREFORE DO NOT DIAGNOSE OR PRESCRIBE. IF DURING THE SESSION I EXPERIENCE DISCOMFORT OR PAIN, I AM RESPONSIBLE FOR IMMEDIATELY STOPPING MY SESSION AND NOTIFYING THE THERAPIST! THIS FACILITY DOES NOT CLAIM TO CURE, DIAGNOSE OR TREAT ANY CONDITION OR DISEASE.

NAME DATE