Colonic Hydrotherapy Intake

PERSONAL INFORMATION **Date: _____**

Name: _____ Date of Birth(dd/mm/yy): _____

Special Instructions for Colon Hydrotherapy:

- Eat lightly 12 hours prior to your appointment.
- Please drink water, so you are well hydrated.
- Do not eat three hours before the scheduled appointment time. **STOP** drinking water at least 1hr prior to the appointment.
- We do ask that you do not use any perfume, cologne or heavily scented soap.

Please answer the following questions honestly, we are not here to judge and this information can help us to make a proper assessment of your needs. *Confidential when completed.*

What is your chief health concern, how long have you had it? _____

List your other health concerns in order of significance: _____
_____

List any Allergies (Foods, Medications, Other) and the reaction they cause: _____
_____

List all medications you are presently taking: _____
_____

List all nutritional supplements you are presently taking (Vitamins, Minerals, Oils, Protein powders etc) _____
_____

What do you do for exercise, recreation and relaxation? _____
_____

What do you hope to achieve from Colon Hydrotherapy? _____
_____

What quantity, per day, do you drink on average of the following (in cups / glasses)?
Coffee ___ Tea ___ Herbal tea ___ Water ___ Juice ___ Soda ___ Alcohol ___

Which of the following do you eat on a regular basis?
Red meat ☐ Poultry ☐ Fish ☐ Vegetables ☐ Milk / Dairy ☐ Wheat ☐ Fast Food ☐ Sweets ☐

List any accidents, injuries, operations and major illnesses: _____
_____

How many hours do you sleep? ____ How is your quality of sleep? _____

Current stress level (1 low – 5 extreme)? ___ Main cause? _____ Pregnant? Y/N Due date? _____

Do you smoke now? Y/N In the past? Y/N When did you start? _____ Stop? _____ How many per day? _____

Bowel Assessment

Bowel Movements: _____ to _____ times per day. What stool softener, laxative do you use? _____

Stools are: Tick all that apply.

Large (2"x 6"L) ☐ Medium (1"x4") ☐ Soft, well-formed ☐ Large, hard ☐ Difficult to pass ☐ Diarrhea ☐

Loose, not watery ☐ Thin, long, narrow ☐ Often float ☐ Sink ☐ Alt between constipation and diarrhea ☐

Stool Odor: Tick all that apply.

Offensive? Usually ☐ Occasionally ☐ Little Odor ☐ Daily gas? Y/N Daily bloating**?** Y/N

Stool Color: Tick all that apply.

Brown ☐ Yellow brown ☐ Dark or black ☐ Greasy ☐ Shiny ☐ Mucous ☐ Blood ☐ Greenish ☐ Varies ☐

Have you ever had internal bleeding? Y/N When? _____

Have you ever had rectal bleeding? Y/N When? _____

Have you ever had a barium enema? Y/N When? _____

Have you suffered from any of the following now or in the past? Check all that apply.

Symptom	now	past	**Symptom**	now	past	**Symptom**	now	past
IBS	☐	☐	Rectal Bleeding	☐	☐	Heartburn	☐	☐
Colitis	☐	☐	Intestinal Perforation	☐	☐	Burping / Belching	☐	☐
Crohn's	☐	☐	Gall Stones	☐	☐	Abdominal Pain	☐	☐
Ulcers	☐	☐	Kidney Stones	☐	☐	Diabetes	☐	☐
Diverticulitis	☐	☐	Constipation	☐	☐	Fatigue	☐	☐
Polyps	☐	☐	Diarrhea	☐	☐	Headaches	☐	☐
Anal Fissure	☐	☐	Bloating	☐	☐	Joint Pain	☐	☐
Haemorrhoids	☐	☐	Gas	☐	☐		☐	☐

What specialist(s) have you seen? _____

Anything else we should know?_____

_____

_____