

HOLISTIC QUESTIONNAIRE

NAME _____ Male/Female TODAY'S DATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ (Work) _____

E-MAIL _____ OCCUPATION _____ DATE OF BIRTH _____

ASTROLOGICAL SIGN _____ HEIGHT _____ WEIGHT _____ BLOOD TYPE _____

MARITAL STATUS _____ DO YOU HAVE ANY CHILDREN? _____ IF SO HOW MANY? _____

EVER HAD A COLONIC BEFORE? _____ IF SO, WHEN? _____ OTHER FORMS OF CLEANSE? _____

HOW DID YOU HEAR OF OUR SERVICES? _____ IF ONLINE PLEASE SPECIFY _____

ARE YOU UNDER A DOCTORS CARE? _____ IF SO, PLEASE EXPLAIN _____

DOCTOR'S NAME _____ PHONE _____

LIST ALL MAJOR PHYSICAL COMPLAINTS _____

LIST ALL SURGERIES AND DATE CONDUCTED _____

LIST ALL MEDICATIONS YOU NOW TAKE REGULARLY (including over the counter) _____

LIST ALL SUPPLEMENTS YOU NOW TAKE REGULARLY (vitamins, minerals, herbs, superfoods, etc.) _____

LIST ALL KNOWN ALLERGIES _____

HOW MANY BOWEL MOVEMENTS PER DAY DO YOU USUALLY HAVE? _____

DO YOU STRAIN OR HAVE PAIN WHEN HAVING A BOWEL MOVEMENT? _____

DO YOU USE A STOOL SOFTENER, LAXATIVE, OR SUPPOSITORY? _____ WHAT TYPE? _____

DO YOU HAVE HEMORROIDS OR OTHER RECTAL PROBLEMS? _____

HAVE YOU HAD ANY RECTAL BLEEDING? _____ IF SO, WHEN? _____ BLEEDING CURRENTLY? _____

HAVE YOU EVER HAD A BARIUM ENEMA? _____ IF SO, WHEN? _____ RESULTS? _____

HOW OFTEN DO YOU CONSUME THE FOLLOWING ITEMS?

DAIRY PRODUCTS (milk, ice cream, cheese, yogurt, etc.): DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

RED MEAT: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

CHICKEN: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

FISH: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

REFINED FLOUR (pasta, bread, cookies, bagels, crackers, etc.): DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

SODA: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

COFFEE OR TEA (please specify): _____ DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

VEGETABLES: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

FRESH FRUITS: DAILY ___ WEEKLY ___ MONTHLY ___ RARELY ___ NEVER ___

Please continue on other side.

WHOLE GRAINS: DAILY ___ WEEKLY___ MONTHLY___ RARELY___ NEVER ___

HOW MANY ALCOHOLIC BEVERAGES DO YOU CONSUME PER WEEK? _____

HOW MANY 8 OZ. GLASSES OF WATER DO YOU DRINK PER DAY? _____

PLEASE DESCRIBE YOUR EXERCISE HABITS: _____

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

Cirrhosis Severe Hypertension Pregnancy Aneurysm Severe Anemia Abdominal Hernia Severe Hemorrhoids Colon Cancer

GI Hemorrhage/Perforation Renal Insufficiency Fissures/Fistulas Recent Colon Surgery (less than 3 months)

WHAT ARE YOUR GOALS FOR THIS COLON HYDROTHERAPY SESSION? _____

WHAT ARE YOUR GENERAL HEALTH GOALS?

WOMEN ONLY:

ARE YOUR PERIODS REGULAR? _____ DO YOU EXPERIENCE PMS? _____ CRAMPING? _____

ARE YOU PREGNANT? _____ IF SO, WHAT TRIMESTER? _____

DO YOU EXPERIENCE YEAST INFECTIONS? _____ HOW OFTEN? _____

PLEASE READ AND INITIAL THE FOLLOWING THREE STATEMENTS.

We understand that circumstances can and do occasionally arise which would make you unable to attend a scheduled appointment. To prevent any late cancellation charges, our policy requires that you give us 24 hours notice of any cancellation, at which time we would be happy to reschedule your appointment. If less than 24 hours is given, you will be required to pay the full amount of the missed appointment. Thank you for your cooperation. _____

I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment at the time of the appointment. I also understand that if I suspend or terminate, any fees for professional services rendered me will be immediately due and payable. _____

I hereby approve that the colon hydrotherapist can touch me as is required for the procedure. The colon hydrotherapist will not be held responsible for any pre-existing medically diagnosed conditions, and I understand that they do not diagnose, treat, or prescribe. _____

SIGNATURE _____ DATE _____