Colon Hydrotherapy

CLIENT INTAKE FORM

Name _____ Date _____

Address _____

Phone _____

DOB _____ Height _____ Weight _____ Sex ☐ M ☐ F

**Please answer the questions below.

How did you learn about us? _____

Have you received Colon Hydrotherpy before? ☐ Yes ☐ No

If yes, for what reason? _____

_____

Have you seen a physician in the past two years?_____

If yes, for what reason? _____

Are you on any medication? ☐ Yes ☐ No

If yes, which ones _____

Have you had any surgery in the last year? ☐ Yes ☐ No

If yes, for what? _____

Do you exercise? ☐ Yes ☐ No If yes, how many times per week ?_____

Smoke? ☐ Yes ☐ No Drink Alcohol? ☐ Yes ☐ No

Are you following any special diets? ☐ Yes ☐ No If yes, what? _____

_____

What percentage of your diet is raw foods? _____ Dairy? _____

How many bowel movements a day do you have?_____

Are laxatives or herbal products used in aiding your bowel movements ☐ Yes ☐ No

If yes, what? _____

How much water do you drink a day?_____

If female, are you pregnant? ☐ Yes ☐ No

CLIENT INTAKE FORM CONT.

Please check where applicable.

- Appendicitis
- Bloody or black stools
- Bowel Impactions
- Crohn's Disease
- Chronic Constipation
- Colitis
- Diarrhea
- Digestive Problems
- Diverticulitis
- Fissures (cracks)
- Fistulas
- Gas, Belching, Flatulence
- Headaches
- Hernia
- Hemorrhoids
- Intestinal Warms
- Persistent Change in Stool
- Protruding, Sagging, Tender Abdomen
- Recent Constipation
- Recurrent Abdominal Pain
- Ulcers
- Vomiting
- Weight Problems
- Abdominal Pain
- AIDS
- Anemia
- Arthritis
- Body Sores
- Cancer
- Diabetes
- Fatigue
- Frequent Headaches
- Frequent Heartburn
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Insomnia
- Irritability
- Low Blood Sugar
- Menstrual Problems
- Migraine Headaches
- Nervousness, Anxiety
- Prostrate
- Skin Sores
- Venereal Disease

DO YOU HAVE:

- Painful joints - where?_____
- Leg or muscle cramp - where?_____
- Recent accident?_____
- Recent surgeries?_____
- Herpes, Genital, Oral or Dermal?_____
- HIV or AIDS?_____

READ CAREFULLY BEFORE SIGNING

WAIVER OF LIABILITY- ASSUMPTION OF RISK - STATEMENT OF FITNESS

I authorize, direct and request that Lonni Gallagher may administer colonic irrigation to me. The nature of the procedure has been explained to me, and no guarantee has been made as to the result. I assume all risk, waive all claims for myself and my heirs against her, and expressly release her from liability for any injury in the performance of this procedur. I have no condition indicating that this procedure should not be performed.

Signature _____ Date _____