



Name: _____	Date: _____
Referral source: _____	Date of birth (mm/dd/yyyy): _____
Address: _____	City: _____ Postal code: _____
Phone: <input type="checkbox"/> Cell: _____	<input type="checkbox"/> Home: _____
Occupation: _____	E-mail: _____

Contraindications - please check any condition that applies to you:

- Pregnancy Congestive heart failure Recent heart attack Recent abdominal surgery Abdominal hernia Cirrhosis Intestinal perforation Crohn's disease Diverticulitis Ulcerative colitis Colon Cancer Fissures or fistula Sever hemorrhoids Bleeding disorder Renal insufficiency History of seizurs or epilepsy Vascular aneurysm Uncontrolled hypertension General debilitation

Other Digestive Conditions - please check any condition that applies to you:

- Ulcer Diabetes Gallstones IBS Polyps Appendicitis

Lifestyle

What is your current stress level? Minimal Moderate High

How many hours of sleep do you get?

Do you exercise? What type? How often?

Do you smoke? How often? For how long?

Do you take antibiotics at least once a year?

Do you take laxatives? What kind? How often?

How much water do you drink daily?

Do you consume dairy? How often?

Do you drink coffee? How much?

Do you drink alcohol? How often?

Do you eat gluten?

Do you eat a vegetarian or a vegan diet?

Do you eat meats (red meat/poultry/fish)?

Do you eat processed or junk food? How often?



Digestive Issues - please check any issue you currently experience:

Constipation Diarrhea Bloating Gas Burping abdominal pain

Bowel Movements

Frequency: > 1/day 1/day every few days 1/week < 1/week

Consistency: Hard Soft Loose

Length: 6" or more 3-5" less than 3"

Time: 5 minutes or less more than 5 minutes

Have you ever had surgery or had organs removed?

Do you have any allergies? What kind?

Have you been diagnosed with any illness? What kind?

Do you have, or are a carrier, of an infectious disease? If so, what?

Do you take nutritional supplements? What kind?

Do you take any medications? What kind?

What are your reasons for getting Colon Hydrotherapy?

Have you had Colon Hydrotherapy before?

I, the undersigned, hereby acknowledge that the personnel at Life Colonics are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. Any recommendations I receive are not intended as primary therapy for any symptom or disease, but as a means of enhancing the quality of my lifestyle. I understand that Colon Hydrotherapy is a professional service that may provide information related to nutrition, however this service is not a tool for the prevention, assessment, diagnosis, or treatment of any particular illness or disease. The services I receive are initiated at my own request for reasons personal to me.

Client name: _____ Date (mm/dd/yyyy): _____

Client signature: _____