

Colon Hydrotherapy Health History

Name:	Date:
Address:	Home Phone:
City, Postal Code:	Work Phone:
Email:	Cell Phone:
Occupation:	Birthdate: Age:
Emergency Contact Person:	Emergency Contact Phone Number:
Do You Have a Latex Allergy:	Referred By:

A contraindication is any indication or symptom that makes it inadvisable to use a particular therapy. The following are contraindications for colon hydrotherapy. **If any of these apply to you, you may not be eligible for colon hydrotherapy sessions at the present time.** If you have any of these contraindications, you may still be eligible to receive colon hydrotherapy once they have subsided or been eliminated.

Circle all conditions that apply to you:

- Abdominal Hernia
- Abdominal Surgery
- Acute Abdominal Pain
- Acute Crohn's Disease
- Cancer of the Colon or Gastro Intestinal (GI) Tract
- Carcinoma of the Rectum
- Congestive Heart Failure
- Diverticulitis
- Fissures or Fistulas
- History of Seizures
- Intestinal Perforations
- Pregnancy
- Recent Colon or Rectal Bleeding
- Renal Insufficiency
- Severe Hemorrhoids
- Ulcerative Colitis
- Uncontrolled Hypertension

~ What health conditions are you currently being treated for and by whom?

~ Have you tested positive for HIV/AIDS? Yes _____ No _____ Date of test _____

Have you experienced or do you experience any of the following:

Yes	No	Condition	Describe
		Arthritis	
		Backaches	
		Bad Breath	
		Brain Fog (loss of concentration)	

Yes	No	Condition	Describe
		Candidiasis (yeast overgrowth)	
		Constipation	
		Depression	
		Diarrhea	
		Fatigue (low energy)	
		Headaches	
		Heavy Mucus Production	
		Hemorrhoids	
		Indigestion (heart burn/acid reflux)	
		Intestinal Gas (Bloating)	
		Irritable Bowel Syndrome (IBS)	
		Kidney/Bladder Infection	
		Parasites	
		Sinus Congestion	
		Skin Disorders	
		Spastic Colon	
		Weight Issues	
		Other	

Bowel Related Information

~ How many bowel movements a day on average do you have? _____

Check all that apply

Stool Consistency	Stool Length	Stool Diameter	Stool Elimination	Transit Time
Formed	Small (0-3 inches)	Pencil Thin	Complete	12 hours
Unformed	Medium (3-6 inches)	Banana sized	Incomplete	24 hours
Hard	Long (6+ inches)	Larger than a Banana	Explosive	2 days
Runny		Golf Ball	Strained	3 days
Other: _____	Other: _____	Other: _____	Other: _____	Don't Know

~ Please describe your historical use of the following:

- Antibiotics:
- Birth Control:
- Chemical Laxatives:
- Tobacco:
- Coffee:
- Pharmaceutical and/or recreational drugs:

~ Are you pregnant, or is there any possibility of being pregnant? Yes/No

~ Are you breastfeeding? Yes/No

~ Have you ever had abdominal surgery or pregnancies? If so, what type, how many and when?

~ List any known allergies:

~ Do you have pain in any areas of your abdomen or bowel?

Diet and Lifestyle Information

~ Do you buy organically grown fruits and veggies? _____ Meats and Dairy? _____

~ Circle all that apply to your diet: Raw foods Eggs Dairy Meat Flour products/Bread Sugar Artificial Sweeteners
Soy Products Fried Foods Fast Foods Cookies/Sweets Junk Foods

~ Estimate your DAILY liquid intake in cups for each:

Water	Soda	Herbal Tea	Alcohol
Juice	Coffee	Black Tea	Other

~ Describe your exercise habits:

~ Describe other types of bodywork you receive:

~ Rate the stress level in your life on a scale from 1-10 (10 being the highest): _____

- What is the main reason for your stress?
- What steps are you taking to decrease your stress levels?

~ Please circle/list all supplements you are taking:

Fiber, probiotics, enzymes, hydrochloric acid, Other: _____

Cleansing Goals

~ How do you feel about the state of your health? Is there anything about it that you would like to change?

~ Rate your level of commitment to getting healthy on a scale from 1-10 (10 being the highest): _____

~ What do you hope to achieve from your colon hydrotherapy session(s)?

All of the information provided above is, to my knowledge, correct and current.

Signed: _____ Date: _____

Disclaimer: Colon Hydrotherapy is not intended to replace the relationship with your primary health care providers and my consultation is not intended as medical advice. The sessions are intended as a sharing of knowledge and information from my education, training, and experience. As a Colon Hydrotherapist, I encourage you to be open to new information on the effectiveness of colon hydrotherapy and the fundamental role of diet, exercise, stress management, emotional and mental work. I encourage you to make your own health care decisions based upon your research and in partnership with your primary health care providers, ND, MD or otherwise. The information and service provided is not used to prescribe, recommend, diagnose or treat a health problem or disease and is not a substitute for medical care.