

Wholistic Lifestyle Raun House

Client History for Colon Hydrotherapy

Name: _____ Date: _____

Address: _____
Street Address P.O. Box email address

Phone (h): _____ (w) _____ (cell) _____

Occupation: _____ Place of Employment: _____

Height: _____ Weight: _____ Date of Birth: _____

Blood Type: _____

Emergency Contact: _____

Phone: (h) _____ (w) _____ (cell) _____
Name Relationship

COLON HISTORY

Have you ever had colon hydrotherapy? ___ yes ___ No

If yes, how many _____ How often _____

Over what period of time? _____ Where? _____

How long since your last colonic? _____

How many bowel movements per day do you usually have? _____

How would you best describe your bowel movements?

Straining _____ With ease _____ Discomfort _____

Describe the type and frequency of your discomfort as well as any activity, which aggravates the condition.
(example: dull, sharp, off and on, when standing, sitting, driving, etc.)

When were you aware of this problem? _____

What caused it? _____

Is the condition getting worse? _____

What are you doing to get relief? _____

Do you use a stool softener or laxative? _____ herbal laxative? _____

Do you have hemorrhoids or other rectal problems? _____

Have you ever had bleeding from any other bodily orifices? _____

If so, please explain? _____

MEDICAL HISTORY:

Are you under a Doctor's care? _____ If so, please explain: _____

Doctor's name _____ Doctor's phone Number _____

Major physical complaints: _____

Are you pregnant? _____ If so, what trimester? _____

Have you ever had any surgeries? _____ yes _____ No

When _____ Describe _____

Have you ever had any accidents? _____ yes _____ No

When: _____ Describe: _____

List all known allergies: _____

List all medications and or supplements you now take regularly. (including over the counter):

What do you hope to accomplish from your colonic appointment today?

Colon Hydrotherapy is an effective method of cleansing your large intestine (colon). Your therapist does not diagnose disease or prescribe medication. It is your responsibility to provide pertinent health information and to inform the therapist of any changes.

RELEASE: I understand and agree that full and complete medical history disclosure is essential in providing such therapy. I agree to hold harmless, release and indemnify this Colon Hydrotherapist with all relevant information necessary for the proper application of Colon Hydrotherapy and I expressly give my permission for this Colon Hydrotherapist to provide such therapy.

FAILURE TO GIVE 24 HOURS NOTICE OF CANCELLATION WILL RESULT IN YOU'RE BEING BILLED FOR THE TREATMENT.

Signature _____

Date: _____