



Patient History for Colon Hydrotherapy

Name: _____ Today's Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____

Place of Employment: _____ Occupation: _____
DOB: _____ Age: _____ Sex: M F Marital Status: _____ # of Children: _____

Who is responsible for this account? _____ Referred by: _____
Name of Physician: _____ Address: _____

Are you on any medication? _____ List them: _____
Have you ever: Had surgery? _____ Describe: _____
Been in an accident? _____ Describe: _____
Broken any bones? _____ Describe: _____

Do you: (Please indicate heavy, moderate, light or none)
Coffee/Tea: _____ Alcohol: _____ Exercise: _____ Stress release: _____
Soda: _____ Anxiety: _____ Rest: _____
Tobacco: _____ Dieting: _____ Meditation: _____

Please take the time to check any of the following that you have had: Last 30 days _____ Past _____

_____ 1. Recent Constipation	_____ 23. Family History of Colon Cancer	_____ 45. Heart Disease
_____ 2. Chronic Constipation	_____ 24. Underweight	_____ 46. Cancer
_____ 3. Diarrhea	_____ 25. Overweight	_____ 47. Candida
_____ 4. Parasites	_____ 26. Diabetes	_____ 48. Body Odors
_____ 5. Colitis	_____ 27. High Cholesterol	_____ 49. High Blood Pressure
_____ 6. Ulcerative Colitis	_____ 28. Heartburn	_____ 50. Low Blood Pressure
_____ 7. Bowel Impactions	_____ 29. Obesity	_____ 51. Dizziness
_____ 8. Hemorrhoids	_____ 30. Frequent Headaches	_____ 52. Fainting Spells
_____ 9. Diverticulitis	_____ 31. Migraine Headaches	_____ 53. History of Seizures
_____ 10. Bloody or Black Stools	_____ 32. Nervousness	_____ 54. Bloating
_____ 11. Fistula or Fissures	_____ 33. Insomnia	_____ 55. Hepatitis
_____ 12. Ulcers	_____ 34. Irritability	_____ 56. Shortness of Breath
_____ 13. Hernia	_____ 35. Anemia	_____ 57. Chronic Cough
_____ 14. Crohn's Disease	_____ 36. Arthritis	_____ 58. Emphysema
_____ 15. Abdominal Pain	_____ 37. Painful Menstruation	_____ 59. Bronchitis
_____ 16. Vomiting	_____ 38. Vaginal Discharge	_____ 60. Asthma
_____ 17. Change in Stool	_____ 39. Breast Pain	_____ 61. Poor Circulation
_____ 18. Gas, Belching	_____ 40. Fatigue	_____ 62. Enlarged Thyroid
_____ 19. Low Blood Sugar	_____ 41. Depression	_____ 63. Double/Blurred Vision
_____ 20. Kidney Failure	_____ 42. Painful Urination	_____ 64. Bruise Easily
_____ 21. Kidney Infection or Stones	_____ 43. Gallbladder Disease	_____ 65. Skin Dryness
_____ 22. Prostate Trouble	_____ 44. Liver Trouble	_____ 66. Skin Rash

Are you pregnant? _____ If yes, how far along? _____

If you take vitamins, minerals or herbal supplements? _____ Please list them:
1. _____ 4. _____ 7. _____ 10. _____
2. _____ 5. _____ 8. _____ 11. _____

3. _____ 6. _____ 9. _____ 12. _____

Are you on a nutritional program? _____ If yes, please describe: _____

Do you require laxatives? Yes _____ No _____
If yes, what type? "Over the counter" _____ Herbal _____ Prescription _____

How would you best describe your bowel movements?

_____ Less than once a day _____ Spontaneous _____ Frequent _____ Occasional
_____ Twice a day _____ After eating _____ Requires straining _____ Every _____ Days
_____ Never

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

When were you first aware of this problem? _____

What caused it? _____

Is this condition getting progressively worse? _____

What are you doing to get relief? _____

Have you ever received Colon Hydrotherapy? _____ If so, how many? _____ How often? _____

Over what period of time? _____

Where? _____

How long has it been since your last Colonic? _____

Colon Hydrotherapy is a safe and effective method of cleansing your large intestine (colon). Your therapist does not diagnose or prescribe medication. It is your responsibility to provide pertinent health information and to inform the therapist of any changes. The therapist will provide a form to assist you in collecting from your insurance company, however, services rendered are payable at time of service unless special arrangements have been made.

RELEASE: I understand and agree the Colon Hydrotherapy services provided by this State Certified Colon Hydrotherapist are provided pursuant to and in accordance with the laws of the State of Massachusetts governing Colon Hydrotherapy and that full and complete medical history disclosure is essential in providing such therapy. I agree to hold harmless, release and indemnify this State Certified Colon Hydrotherapist against any and all liability arising from the application of Colon Hydrotherapy. By signing this release I hereby declare that I have provided this State Certified Colon Hydrotherapist with all relevant information necessary for the proper application of Colon Hydrotherapy and I expressly give my permission for this State Certified Colon Hydrotherapist to provide such therapy.

Please notify our office 24 hours in advance in the event you need to reschedule your appointment.

Signature _____ Date _____