

CHS

Colon Hygiene Services, LLC

Health Intake Form

Please complete the following questions carefully. All data is confidential to ensure your privacy.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Home # _____ Cell # _____

Email address _____ May we contact you at this address _____

Emergency Contact _____ Phone # _____

Birth Date: _____ Height: _____ Weight: _____ Female: _____ Male: _____

Marital Status: _____ #Children _____

Medical Care: Date of most recent visit to a Primary Care Physician (PCP) _____

Are you currently receiving healthcare by a MD/ND/Homeopath doctor (s) _____

If so, please explain: (*Blood Sugar or Thyroid issues, High Blood Pressure or Cholesterol issues, etc.*)

Allergies: List all known: _____

Colonic History: Have you ever had a Colonic before? _____ If so, when? _____

Type of device used (Colonic system) *circle all that applies.* Closed Open Gravity Not Sure

Bowel Habits: How often do you have a bowel movement? 3/day 2 /day 1/day skips days

How are your bowel eliminations normally? Requires Straining Effortless

Amount: normal too little too large **Consistency:** normal too hard very soft diarrhea

Color: brown black whitish greenish **Other:** lot of mucus lots of gas foul smell

Is the gas related to certain food (s)? _____ If so, describe: _____

Are your bowel movements complete? _____ Other Complaints: _____

Have you seen a doctor about them? _____

Do you use a stool softener or laxative? _____ Herbal laxative? _____ Suppository? _____

If yes, how often? _____ If yes, how long (days, months, years)? _____

Do you have hemorrhoids or other rectal problems (itching, fissures, etc.) _____

If yes, describe: _____

Energy: On a scale from 1 to 10 where 1= "can't get out of bed" and 10= "optimal energy"

Please rate your normal energy level: _____ Any relation to food or drinks _____

If yes, describe examples: _____

Diet: What type of diet best describes your **general dietary habits?** (*Circle the best response*)

Junk food/fast food eater combination (from junk food to health conscious) vegetarian

Vegan raw macrobiotic natural food eater (over 50% organic) health conscious

Water: How much water do you drink per day? _____ glasses or _____ ounces

Water Source: Tap (from city or well) Bottled Filtered Boiled Whatever is available

Parasites: Do you know you have parasites? _____ If yes, Describe: _____

Back Issues: _____ Problems or pain in the lower back (lumbar region)? _____

If yes, describe _____

Abdominal area surgeries: *Circle all that apply:*

C-Section Gallbladder Gastric Bypass Hysterectomy Lap Band Vaginal Mesh Other: _____

If yes, to any of the above, do you feel that you have had a change in bowel habits? _____

Digestion: How is your digestion? *Circle all that apply:*

Adequate Poor Acid Reflux Bloating Burning/pain in stomach Indigestion Ulcers

Describe other problems: _____

Medications & Supplements: List all you now take regularly including over the counter:

Do you take digestive aids? _____ If yes, describe: _____

When was the most recent time you took antibiotics? _____

Smoking: Do you smoke? _____ If yes, how much? _____ How long? _____

Alcohol: Do you drink? _____ If yes, how much? _____ How long? _____

For women pre-menopausal: **Monthly cycle:** Do you experience PMS? _____

Are your periods more than 6 days? _____ Are you susceptible to chronic yeast infections? _____

Do you have any specific concerns? _____ If yes, explain: _____

The following is a list of contraindications for colon hydrotherapy:

Uncontrolled Hypertension	Congestive Heart Failure	Abdominal Hernia
Cirrhosis of the Liver	Carcinoma of the Colon	Active Diverticulitis
History of Aneurysm/Blood Clots	Recent Abdominal Surgery	Renal Insufficiency
Severe Anemia	Pregnancy/First & Last Trimester	Fissure/Fistula
GI Hemorrhage/Perforation	Bleeding/Inflamed Hemorrhoids	Recent Abdominal Surgery

My signature below indicates I have honestly answered all of the questions above and supplied any additional relevant information within this intake form.

_____ Date: _____
Client Name (Signature)

Client Name (Print)

Financial and Cancellation Policy

Initial Visit: \$100.00 Regular Sessions: \$85.00

An initial appointment, which includes a consultation and colon hydrotherapy session, will take approximately 1 1/2 hours. Follow up session last approximately 1 hour. There may be supplements recommended to complement and enhance the process of cleansing, detoxifying and rebalancing the system these supplements are an additional cost. All payments are due at the time of the visit.

RELEASE STATEMENT:

I acknowledge that *Colon Hygiene Services, LLC* and all staff members are not medical doctors. I understand that *Colon Hygiene Services, LLC* staff members may provide nutritional and other health related information to help me attain and maintain my best health. All suggestions are designed to help me move towards my best state of health through personalized recommendations in lifestyles, exercise, health habits and advanced nutrition. I understand that *Tricia Korth* as well as staff members of *Colon Hygiene Services, LLC* do **NOT** diagnose, treat, or claim to cure any illness or disease.

I have been made aware of all contraindications for colon hydrotherapy and am here on this day and any subsequent visit by my choice and solely on my own behalf. I hereby release and discharge *Tricia Korth* with *Colon Hygiene Services, LLC* from any and all claims which I or my agents ever had, now have or may have relating to or arising out of services provided or recommendation that I have received. I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

I give permission to share my health information with other practitioners and health care professionals who are also providing services for my care.

I have read this informed consent and understand it. I am not a minor (under the age of 18).

I understand the above Financial & Cancellation Policy and will abide by these charges.

I am signing this release voluntarily.

_____ Date: _____
Client Name (Signature)

Client Name (Print Clearly Please)

