

# Natural Therapeutics Colonic Irrigation Intake Form

Name \_\_\_\_\_ Referred By \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Phone( ) \_\_\_\_\_ Cell/Work ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## Do you currently have, or have ever had any of the following?

Arthritis \_\_\_\_\_ Cancer \_\_\_\_\_ Depression \_\_\_\_\_ Headache \_\_\_\_\_ Pregnancy \_\_\_\_\_  
Anxiety \_\_\_\_\_ Diabetes \_\_\_\_\_ Gas/Bloat \_\_\_\_\_ Hemorrhoids \_\_\_\_\_ HigB/P \_\_\_\_\_  
Allergies \_\_\_\_\_ Herpes \_\_\_\_\_ Constipation \_\_\_\_\_ Infection \_\_\_\_\_ Diarrhea \_\_\_\_\_  
Asthma \_\_\_\_\_ Ulcers \_\_\_\_\_ Epilepsy \_\_\_\_\_ Indigestion \_\_\_\_\_ Incontinence \_\_\_\_\_  
Fissure \_\_\_\_\_ Fistulae \_\_\_\_\_ Bad Breath \_\_\_\_\_ Abscesses \_\_\_\_\_ Fatigue \_\_\_\_\_  
Strain \_\_\_\_\_ Fatigue \_\_\_\_\_ Auto Immune \_\_\_\_\_ Heart trouble \_\_\_\_\_ Swollen Ankles \_\_\_\_\_

Blood in BM \_\_\_\_\_  
Carcinoma of Colon \_\_\_\_\_  
Chron's Disease \_\_\_\_\_  
Colitis \_\_\_\_\_  
Diverticulitis \_\_\_\_\_  
Rectal Bleeding \_\_\_\_\_

How often do you have Bowel Movements? \_\_\_\_\_ When was your last BM? \_\_\_\_\_

Do your bowels usually move in the AM \_\_\_\_\_ or PM \_\_\_\_\_? Do you use a laxative/stool softener? \_\_\_\_\_

Do you suspect colon problems at this time? \_\_\_\_\_ Have you had Colonics in the past? \_\_\_\_\_

Have you ever been treated for colon problems? \_\_\_\_\_ Have you ever had colon X-rays? \_\_\_\_\_

When was your last colonoscopy, sigmoidoscopy? Please circle, then list dates. \_\_\_\_\_

List all current medications and supplements: \_\_\_\_\_

List any known allergies (air born, skin, food): \_\_\_\_\_

List any other medical conditions, major illness, surgeries, or serious accidents that you have ever had with the date of incident or procedure: \_\_\_\_\_

What would you like to achieve from having Colonics? \_\_\_\_\_

I understand Colonics are not a medical procedure and the Certified Colon Therapist does not diagnose or treat any medical condition. If a medical condition does exist, I must present my doctor's written prescription prior to the administration of each session. I have no condition that would be contraindicated for receiving Colonics and also understand the responsibility of notifying my Therapist of any changes in my health that occurs. Understanding treatments are for hygiene purposes only. I am accepting Colonic sessions at my own risk and release Natural Therapeutics of any liabilities during interactions with them. Per the requirements of the State of Texas and the FDA, submitting a Licensed Physician's prescription is a requirement prior to receiving Colonic Irrigation

CLIENT SIGNATURE: x

**For Physician use only. TX Dpt of Health requires Physician's Consent given by fax, mail, or email.**

Signature \_\_\_\_\_ Date \_\_\_\_\_