HOLISTIC ST. LOUIS

7501 Murdoch Ave.
Shrewsbury, MO 63119
314-647-3999
Holistichealthstl.com

Colon Hydrotherapy Intake Form

Confidential Client Information

Name _____ **Date** _____

Street address _____

City/state/zip _____ **email** _____

Home phone _____ **Date of birth** _____ **Age** _____

Cell phone _____ **Gender:** _____

Work phone _____ **Occupation** _____

How did you hear about us? _____

Contraindications

- ☐ Abdominal & Inguinal Hernia
- ☐ Abdominal, Colon or Rectum Surgery (recent)
- ☐ Advanced Ileitis
- ☐ Anemia – Severe
- ☐ Aneurysm – All Types
- ☐ Carcinoma of the Colon or Rectum
- ☐ Cirrhosis of the Liver
- ☐ Congestive Heart Failure or Organic Valve Disease
- ☐ Fissures and Fistulas
- ☐ G.I. Hemorrhage/Perforations
- ☐ Pregnancy (Doctor's Supervision-only during 2nd Trimester)
- ☐ Renal Insufficiencies
- ☐ Severe Cardiac Disease, Uncontrolled Blood Pressure or Hypertension
- ☐ Severe Hemorrhoids
- ☐ Severe Ulcerative Colitis/Advanced Crohn's Disease

Cautions (doctor consult)

- ☐ Acute Liver Failure
- ☐ Cancer
- ☐ Dementia/Alzheimer's
- ☐ Dialysis Treatments
- ☐ Epilepsy (controlled)
- ☐ Exposure to Agent Orange
- ☐ Hypoglycemia/Diabetes
- ☐ Lupus
- ☐ Taking Anti-Psychotic Medication
- ☐ HIV/AIDS
- ☐ Diverticulitis (Physician approval)
- ☐ Hepatitis A, B or C

BOWEL MOVEMENTS

Frequency

- ☐ Less than once a week
- ☐ Once a week
- ☐ About every ___ days
- ☐ Daily
- ☐ Twice daily
- ☐ Other

Occurrence

- ☐ Spontaneous
- ☐ Only After Eating
- ☐ Effortless
- ☐ Often Requires Straining
- ☐ Painful

Laxative Use

- ☐ Frequent
- ☐ Occasional
- ☐ Never
- ☐ Other
- ☐ Type of Laxative: _____

FAMILY HEALTH INFORMATION:

Relationship **Previous/Present Health Problems**

_____

_____

_____

Describe your major complaint: _____

How long have you had this condition? _____

Have you had any similar conditions in the past? _____

Is this condition getting progressively worse? _____

Is this condition interfering with your work, sleep or daily routine? _____

Other complaints: _____

List all operations and major illnesses (year & type) _____

_____

_____

List any medical conditions for which you are currently being treated or have been treated for within the last five years: _____

_____

_____

List all known allergies (including drug allergies): _____

_____

List all medications and supplements you are currently taking and for what conditions they have been prescribed:

_____

_____

Name of current Medical Provider: _____

DIET HISTORY – What do you usually eat for:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Pure Water Intake – Ounces per day: _____

Do you exercise? _____ **If so, what kind and how often:** _____

_____

Have you ever had colon hydrotherapy? _____

If yes, when and how many, and the reason you chose colon hydrotherapy _____

_____

_____