



**Sioné Wellness Center, LLC
Intake form**

Date: _____ Phone # _____ Date of Birth _____

Name : _____

Address: _____

Email: _____

Have You Ever Had a Colonic Irrigation? _____ If so, when was your last session? _____

Colon Health History

Colon Surgery? When? _____ Rectal Surgery? When? _____

Colonoscopy? When? _____ Colon Polyps Removed? When _____

Abdominal Surgery ? When? _____ Barium Enema? When? _____

How many Bowel Movements do you have per Day/Week? _____

How much water do you drink per day? _____

In the Past Year, which of the following conditions have you dealt with?

Constipation _____ Diarrhea _____ Poor Digestion _____ Liver Problems _____

Hemorrhoids _____ Abdominal Pain _____ Appendicitis _____ Hiatal Hernia _____

Diverticulosis/Diverticulitis _____ Bloody Stools ? _____

Are you under any Medical Care Now? _____ If so, please explain _____

Describes the Symptoms which Now Bother You _____

For Women – When was your last menses ? _____

Contraindications for Colon Hydrotherapy

Have you ever been diagnosed with any of the following?

Abdominal Hernia _____ Colon or Rectal Surgery _____ Abdominal Surgery _____
Congestive Heart Failure _____ Fissures or Fistulas _____ Acute Liver Failure/Cirrhosis _____
Heavy Rectal Bleeding _____ Anemia _____ Renal Insufficiency _____
Aneurism – all types _____ Intestinal Perforations _____ Cancer of the Colon _____
Dialysis _____ Crohn’s Disease _____ Ulcerative Colitis _____ Currently Pregnant _____
Taking Prescriptions or OTC Pain Meds _____

_____ **Initial Here**

Cancellation Policy

As a Client, I acknowledge the appointment policy that states if you are unable to keep your scheduled appointment You will give us at least a 24 hour notice - or you will be charged \$25 for last minute cancellation fee.

_____ **Initial Here**

Consent for Colonic Irrigation

Colon Hydrotherapy is a safe and effective method of cleansing your large intestine (colon.) We do not diagnose or prescribe. Any and all information shared with you in this center is for educational purposes only.

I agree that services of the Colonic Therapist are for general body cleansing and the maintenance of the best possible state of Health for myself. I also understand that such services do not involve diagnosis, remedy, prescriptions, or other treatment of disease.

Signature _____ Date _____