



Sione Wellness In-take Form

Today's Date: _____

Name: _____ Birthday _____ Age _____

Address: _____

City _____ State _____ Zip Code _____

Phone# _____ 2nd Phone # _____

E-Mail Address: _____

Check here to be added to our mailing list. You will receive promotional information periodically. You can unsubscribe at any time.

Referral source? How did you hear about us? _____

___ Colon Hydrotherapy

Why are you having this service today? _____

In Case of Emergency who can we contact? _____ Phone _____

Life Style Habits

How much water in ounces do you drink per day? ___ Has your doctor said to limit your water? ___

Do you drink coffee, pop, energy drinks, tea? ___ How much per day _____ Per week _____

How many times per day do you eat, include snacks? ___ Do you eat meat with every meal? _____

How much raw fruit do you eat per day? _____ per week _____ seldom _____ never _____

How often do you eat fresh veggies? Daily ___ 2-3 times /week ___ weekly ___ seldom ___ Never ___

How often do you eat salads? Daily ___ 2-3 times / week ___ weekly ___ seldom ___ Never _____

How often do you exercise? Everyday _____ 3-4 times / week _____ 1-2 times / week _____ Rarely _____

- Type of exercise _____

Are you a smoker? _____ packs/cigarettes per day _____ How long? _____

Do you drink alcohol? _____ How often? _____

Where do you eat most of your meals? Home _____ % Restaurant _____ %

Medical History

Are you now under a Doctor's care? (Routine Health Care, High Blood Pressure; High cholesterol; Other)

Please explain _____

Doctor's name _____ Phone # _____

Tell us about any surgeries you have had and when:

Tell us about all medications you are taking: _____

Tell us about all vitamins/herbal supplements you are using: _____

Health Conditions

Please review the following carefully and check all that apply currently or in the past:

✓ *Had in the last 30 days*

✗ *Had in the Past*

Gastro -Intestinal

Recent Constipation
 Chronic Constipation
 Diarrhea
 Parasites
 Colitis
 IBS
 Burning/Itching Anus
 Bowel Impaction
 Hemorrhoids
 Diverticulosis/Diverticulitis
 Bloody or black Stool
 Heartburn/Indigestion
 Gas After Eating

Gastro-Intestinal

Abdominal Pain
 Vomiting
 Diabetes
 Gas/Bloating
 Family History of Colon Cancer
 Bad Breath
 Coated Tongue
 Liver Trouble
 Candida
 Stool very foul odor
 Skin Problems
 BM Painful or Difficult
 Fatigue

Other

High Cholesterol
 Cancer: Which? _____
 Heart Condition
 Prostate Problems
 Chronic Cough
 Irritability
 Hernia
 HIV / Aids
 Dizziness
 Overweight
 Kidney Failure / Stones
 Low Blood Sugar
 High Blood Pressure

Are you pregnant? If so, what trimester? _____

Colon Health History (fill out this section if getting Colonic)

Have you had a Barium Enema? Colonoscopy? Abdominal Surgery? Hernias?
Rectal Surgery? Colon Surgery? Colon Polyps Removed?
If so, When? _____ Results? _____

Have you ever had Colon Hydrotherapy? If so, when was your last colonics? _____

How many? How often? Over what period of time? _____ Where? _____

How Frequently do you have a Bowel Movement (BM)?

Everyday 2-3x's week Weekly Other _____ Last BM? _____

Describe size and shape of your BM? (pellets, pencil, banana like?): _____

Do you use Laxatives? How Often? What kind? _____

Do you have Hemorrhoids? Anal Fissures or Fistulas? Any rectal Bleeding?

- If so, did you see a doctor? Results? _____
- Are you currently taking any Colon Cleansers/Laxatives? Which One? _____ How Often? _____
- Are you currently going through a Detox? Which One? _____

Contraindications for Colon Hydrotherapy

- Have you ever been diagnosed with any of the following?

Abdominal Hernia
 Abdominal Surgery
 Congestive Heart Failure
 Acute Liver Failure/Cirrhosis
 Anemia
 Aneurysm--all types
 Cancer of the Colon
 Crohns Disease
 Ulcerative Colitis

Rectal/Colon Surgery
 Diverticulitis
 Fissures or Fistulas
 Heavy Rectal Bleeding
 Renal Insufficiency
 Intestinal Perforations
 Dialysis
 Currently Pregnant (due date _____)
 Taking Prescription or OTC pain meds

Colon Hydrotherapy is a safe and effective method of cleansing your large intestine (colon). We do not diagnose diseases and/or prescribe medication. It is your responsibility to provide health information and for you to inform us of any change. Any and all information shared with you in this clinic is for educational purposes only.

