



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.

