



# 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.

