CLIENT INFORMATION & MEDICAL HISTORY GENUINE BALANCE LLC COLON HYDROTHERAPY

PERSONAL HISTORY Client Name:		Today's D	ate:	
Home Address:		City:	_State	Zip
Cell Phone()	E-Mail :			
Date of Birth:	Age: Occupation:			
Height Weight	Female Male	Marital Status		
Emergency Contact Name and Phon	e			
How were you referred to us?				
MEDICAL HISTORY				
Are you currently under the care of	a physician? ☐ Yes ☐ No	If yes, for what?		
Do you have a prescription for this v	visit? If yes, do we	have a copy on file?I	f yes, Date_	
ls Colon Hydrotherapy part of a pro	tocol that a healthcare profess	sional has referred or prescribe	d for you?	☐ Yes ☐ No
Is Colon Hydrotherapy part of a pro	tocol that a healthcare profess	sional has referred or prescribe	d for you?	☐ Yes ☐ No
Is Colon Hydrotherapy part of a pro	tocol that a healthcare profess	sional has referred or prescribeDate of referral/	d for you?	☐ Yes ☐ No
Is Colon Hydrotherapy part of a pro- If yes, Doctors and Type of Doctor_ Reason Do you have any of the following ma	tocol that a healthcare profess	sional has referred or prescribeDate of referral/	d for you?	☐ Yes ☐ No
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MEDICATIONS & SUPPLEMENTS
List all you now take regularly including over the counter:
Do you take digestive aids/laxatives? ☐ Yes ☐ No If yes, describe:
Are you on any steroids? ☐ Yes ☐ No Injections/oral
Are you on any blood thinners? ☐ Yes ☐ No Are you on any diuretics? ☐ Yes ☐ No
What was the most recent time you took antibiotics? Why?
ADDITIONAL INFORMATION:
Describe your regular routine for exercise:
On a scale of 1 to 10 where 1 = can't get out of bed and 10=optimal energy, describe your normal energy level:
How many servings of vegetables do you eat per day? How many servings of fruit per day?
How much water do you drink per day?
How much dairy do you eat per day? How much meat do you eat per day or week?
Do you smoke? ☐ Yes ☐ No If yes, how much and how long?
Do you drink alcohol? ☐ Yes ☐ No If yes, how much and how long?
How often do you have a bowel movement?skips days1 per day2 per day3 per day
Color and consistency of bowel movement
What do you hope to achieve from this colon hydrotherapy appointment?
Do you have specific concerns? ☐ Yes ☐ No If yes, explain:
My signature below indicates that I have honestly answered all of the questions above and supplied any additional relevant information within this intake form.
Date:
Client Name (Printed clearly)
Client Signature