

Colon Therapy Questionnaire

Personal

Name: _____ Date of Birth : _____

Have you had Colonics Before? _____ How Many? _____ Last Date: _____

Other Cleansing Experiences include: _____

Diet and Life Style

Frequency of consumption:

Fish/Poultry: _____ Red Meat: _____ Dairy: _____ Eggs: _____

Flour/Bread: _____ Caffeine: _____ Sugar: _____ Salt: _____

Artificial Sweeteners: _____ Soft drinks: _____ Alcohol: _____ Smoke: _____

Health Conditions

Do You have problems with (please circle): constipation diarrhea, abdominal pain, hemorrhoids, gas

How often do you have bowl movements? _____ Any other colon problems? _____

Have you taken antibiotics in the past? _____ Chemical laxatives? _____ Birth Control? _____

Food allergy or restrictions: _____

Diagnosed health conditions: _____ Bleeding disorder? _____ Heart condition: _____

Do you have an infectious disease? _____ If yes, please specify: _____

Check all the conditions which apply

- | | |
|--|---|
| <input type="checkbox"/> Abdominal hernia | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Abdominal surgery | <input type="checkbox"/> History of seizure |
| <input type="checkbox"/> Acute abdominal pain | <input type="checkbox"/> Intestinal perforation |
| <input type="checkbox"/> Cancer of colon or GI tract | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Carcinoma of rectum | <input type="checkbox"/> Renal insufficiency |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Recent colon or rectal surgery |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Recent history of GI bleeding |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Severe hemorrhoids |
| <input type="checkbox"/> Epilepsy or psychoses | <input type="checkbox"/> Uncontrolled hypertension |
| <input type="checkbox"/> Fissures or fistula | <input type="checkbox"/> Vascular aneurysm |
| <input type="checkbox"/> General debilitation | |

Patient Signature _____

Today's Date: _____