

# Wellville



## Massage & Healing Arts

### COLONIC HEALTH INTAKE

#### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone (primary) \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
 (secondary) \_\_\_\_\_ Contact's Phone \_\_\_\_\_  
 How did you hear about Wellville? \_\_\_\_\_

#### Health History

Have you ever had a colonic? YES NO If yes, was it an open or closed system? \_\_\_\_\_  
 If you have received a colonic before, what was your experience? \_\_\_\_\_  
 What is your primary reason for receiving a colonic? (i.e. gastrointestinal, metabolic, musculoskeletal, nervous system, cardiovascular, skin, general.) \_\_\_\_\_  
 Do you experience constipation \_\_\_\_\_ diarrhea \_\_\_\_\_ gas / bloating \_\_\_\_\_  
 How often do you have a bowel movement? \_\_\_\_\_  
 When you have a bowel movement, are they effortless? YES NO  
 Do they feel complete? Do you feel satisfied and empty afterward? \_\_\_\_\_  
 Do you take laxatives/herbal supplements? YES NO If yes, which ones? \_\_\_\_\_  
 Have you ever had a: \_\_\_ Barium Enema \_\_\_ Colonoscopy  
 If so, what was the outcome? \_\_\_\_\_

Would you like nutritional advice? YES NO  
 Please list a typical: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_  
 Dinner \_\_\_\_\_ Snacks \_\_\_\_\_ Drinks \_\_\_\_\_  
 Junk/Fast Food and how often \_\_\_\_\_  
 What did you eat/drink yesterday? \_\_\_\_\_  
 Please list your exercise: \_\_\_\_\_ How often? \_\_\_\_\_  
 What do you do for relaxation? \_\_\_\_\_

Please list all serious injuries, surgeries and allergies: \_\_\_\_\_

Please list any medications and their use: \_\_\_\_\_

Please list all supplements/vitamins you are current taking: \_\_\_\_\_

Please check any conditions, past or current, which apply to you:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Abdominal Hernia       | <input type="checkbox"/> GI Hemorrhage        | <input type="checkbox"/> Cirrhosis             | <input type="checkbox"/> Ulcerative Colitis      |
| <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Rectal/Colon Surgery | <input type="checkbox"/> Dialysis              | <input type="checkbox"/> Diverticulitis          |
| <input type="checkbox"/> Anemia                 | <input type="checkbox"/> High/Low BP          | <input type="checkbox"/> Cancer/ Tumor         | <input type="checkbox"/> Intestinal Perforations |
| <input type="checkbox"/> Internal Hemorrhoid    | <input type="checkbox"/> Contagious Diseases  | <input type="checkbox"/> Renal Insufficiencies | <input type="checkbox"/> Acute Liver Failure     |
| <input type="checkbox"/> Clotting Problems      | <input type="checkbox"/> Abdominal Surgery    | <input type="checkbox"/> Abnormal Distension   | <input type="checkbox"/> Fissures/Fistulas       |
| <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Aneurysm             | <input type="checkbox"/> Crohn's Disease       | <input type="checkbox"/> Lupus                   |
| <input type="checkbox"/> Pregnant/Breastfeeding | <input type="checkbox"/> Contact Lenses       | <input type="checkbox"/> Metal Implants        | <input type="checkbox"/> GI perforation          |
| <input type="checkbox"/> Other _____            |   |  |  |

Consent

I, the undersigned, authorize Kim Dupre to administer colon hydrotherapy treatment(s). I understand she is not a physician and is not qualified to diagnose or prescribe. Colon Hydrotherapy is a warm filtered water cleansing of the large intestine. A disposable speculum is inserted and warm, triple-filtered water is slowly and gently introduced into the colon. As the pressure increases, the flow is reversed and the water and / or waste is released through a waste tube at which time the abdomen is gently massaged to help with the releasing process. This process is repeated several times over a 40 minute period.

I understand the purpose and benefits of colon hydrotherapy.

I have had all my questions answered prior to the treatment.

I consent to having colon hydrotherapy.

I realize Kim Dupre can not guarantee a specific outcome of the treatment.

I understand I may stop the session at any time I choose.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

I have received and reviewed the Notice of Privacy Practices and Policies from Wellville Massage and Healing Arts.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TREATMENT NOTES

Therapist _____ Date _____
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