



CLIENT QUESTIONNAIRE

Name _____ Date _____

Address _____ City _____ Zip _____

E-mail _____

Phone _____ DOB _____ Hgt/Wgt _____

Occupation _____ Hobbies _____

Marital Status _____ Number of children _____

Emergency person/number _____

Primary complaint _____ Physician _____ Chiropractor _____

I heard of Integrated Body Health on or from: _____

Vital Health Information: To provide the best possible care and insure optimum results from your colon hydro-therapy it is important to have a thorough understanding of your physical condition. This information will help us meet your individual needs. Thank you for taking the time to fill it out.

GASTROINTESTINAL

- recent constipation
- chronic constipation
- diarrhea
- leaky gut
- ulcerative colitis
- diverticulitis
- recurrent abdominal pain
- hemorrhoids
- bad breath
- bloody/black stools
- FISTULA/FISSURES
- ABDOMINAL HERNIA
- stomach ulcers
- Crohn's Disease
- IBS
- gas, belching
- tender stomach

METABOLIC

- underweight
- overweight
- diabetes
- low blood sugar
- high cholesterol
- frequent heartburn
- obesity
- recent accident
- painful joints
- leg or muscle cramps
- muscle pain

MUSCULOSKELETAL

CONTAGIOUS DISEASE

- HIV
- AIDS
- Herpes
- Hepatitis

GENERAL

- SEVERE HEART DISEASE
- KIDNEY DISEASE
- CIRRHOSIS
- CANCER
- PREGNANT
- ANEURYSM
- high/low blood pressure
- frequent headaches
- nervousness, anxiety
- insomnia
- irritability
- severe anemia
- skin disorders
- menstrual problems
- prostate trouble
- fatigue
- nursing mother

Surgeries: Rectal____when_____ Abdominal____ when_____ Other____ when_____

Procedures: Barium enema/when _____ Colonoscopy/when _____ Sigmoidoscopy/when_____

Colon Hydrotherapy: When _____ How often? _____ Open or Closed System? _____

Please list current supplements, laxatives, herbs, OTC meds, or prescriptions you are taking regularly:

Daily Habits

Circle **Dietary Intake:** Vegan, Vegetarian, Food Combining, Paleo Home Cooking, Eating Out, Fast Food

Beef, Pork, Chicken, Fish, Shellfish, Eggs, Dairy, Veges, Fruits, Other _____

How much?	How much?	How much?	How much?
Water_____	Coffee_____	Alcohol_____	Exercise_____
Tobacco_____	Tea _____	Sodas _____	Rest _____

Bowel Movements:

___ Twice daily
___ Once a week
___ About every ___days
___ Daily

Occurrence:

___ Spontaneous
___ Painful
___ Effortless
___ Requires straining

Use of laxatives:

___ Frequent
___ Occasional
___ Never

Are you interested in learning more about food and lifestyle changes? Yes _____ No _____

- I understand that treatments are given by a certified colon hydrotherapist
- Colon hydro-therapy is a process, not a quick cure. Multiple sessions with good eating and exercise are necessary to achieve optimum results. Please discuss this with your physician, as you see fit.
- I have listed all my known medical conditions and physical limitations and I will inform the therapist of any changes in my physical health.
- I agree to pay for all scheduled appointments that I am unable to keep unless I notify the therapist at least 24 hours in advance.
- I give permission to receive the IBH monthly email newsletter.

Signature:_____ Date:_____