



## CLIENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children \_\_\_\_\_

Emergency person/number \_\_\_\_\_

PRIMARY concern \_\_\_\_\_ Physician \_\_\_\_\_ Chiropractor \_\_\_\_\_

I found Integrated Body Health using Google \_\_\_\_\_ Google Ads \_\_\_\_\_ FaceBook \_\_\_\_\_ Other \_\_\_\_\_

I heard of Integrated Body Health from: \_\_\_\_\_ They get \$5 off their next session.

Vital Health Information: To provide the best possible care and insure optimum results from your Colon

Hydrotherapy, it is important to have a thorough understanding of your physical condition. This information will help me meet your individual needs. All is kept strictly confidential. Thank you for taking the time to fill it out.

### GASTROINTESTINAL

\_\_ recent constipation

\_\_ chronic constipation

\_\_ diarrhea

\_\_ leaky gut

\_\_ ulcerative colitis

\_\_ bloody/black stools

\_\_ recurrent abdominal pain

\_\_ hemorrhoids

\_\_ bad breath

\_\_ tilted pelvis

\_\_ FISTULA/FISSURES

\_\_ ABDOMINAL HERNIA

\_\_ Crohn's Disease

\_\_ IBS

\_\_ gas, belching

### METABOLIC

\_\_ hormone issues

\_\_ overweight

\_\_ obese

\_\_ low blood sugar

\_\_ diabetes

\_\_ frequent heartburn

\_\_ high blood pressure

### MUSCULOSKELETAL

\_\_ painful joints

\_\_ muscle cramps

### TRAUMAS

\_\_\_\_ childhood

\_\_\_\_ adult

\_\_\_\_ recent

\_\_\_\_ PTSD

### GENERAL

\_\_ SEVERE HEART DISEASE

\_\_ KIDNEY DISEASE

\_\_ CIRRHOSIS

\_\_ PREGNANT

\_\_ NURSING MOM

\_\_ ANEURYSM

\_\_ menstrual problems

\_\_ frequent headaches

\_\_ nervousness

\_\_ irritable

\_\_ insomnia

\_\_ fatigue

\_\_ anxiety

\_\_ depression

\_\_ skin disorders

**Surgeries:** Rectal\_\_\_ date \_\_\_\_\_ Abdominal\_\_\_ date \_\_\_\_\_ Other \_\_\_\_\_ date \_\_\_\_\_

**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:

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### Daily Habits

**Eating Source (circle):** Home Cooking, Eating Out, Fast Food **Special diet:** \_\_\_\_\_

Circle if you **Eat:** Beef, Pork, Chicken, Fish, Shellfish, Eggs, Dairy, Veges, Fruits, Other \_\_\_\_\_

How much of each of these per day?

Water _____ 16oz bottles	Coffee _____	Alcohol _____	Exercise _____ x/week
Tobacco _____ per/day	Tea _____	Sodas _____	Rest _____ hrs

### **Bowel Movements:**

\_\_\_ Daily  
\_\_\_ Twice Daily  
\_\_\_ About every \_\_\_ days  
\_\_\_ Once a week

### **Occurrence:**

\_\_\_ Don't empty well  
\_\_\_ Painful  
\_\_\_ Requires straining  
\_\_\_ Effortless

### **Use of laxatives:**

\_\_\_ Frequent  
\_\_\_ Occasional  
\_\_\_ Never  
Name \_\_\_\_\_

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

Please check below boxes:

- I understand that therapies are given by a certified colon hydrotherapist.
- Colon hydrotherapy is a process, not a quick cure. Multiple sessions with good eating and hydration 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. A credit card will be billed for the full amount for any no shows.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent

I, the undersigned, authorize Pauline Phillips, to administer colon hydrotherapy. Pauline Phillips is not a physician and therefore is not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used; I acknowledge the potential benefits and risks of colon hydrotherapy as described below.

Colon Hydrotherapy is a cleansing of the large intestine with gentle and warmed water. With the Hydro-San Plus instrument, purified and triple-filtered water is run very slowly into the colon by the practitioner while the client lies on a massage table. When slight pressure builds up in the colon, the practitioner reverses the water flow to empty when the client prefers. As the water and waste are flowing out through an illuminated glass viewing tube, the abdominal area is massaged. This process is repeated several times during the period of 45 minutes. Integrated Body Health uses a system with a single-use, disposable speculum and tubing. The colon hydrotherapist is always present in the room with the client during each session.

Colon Hydrotherapy may be used to cleanse the colon by removing fecal material, gas and mucous. It may also be prescribed by a physician in preparation for the diagnostic study of the large intestine or for other conditions.

Possible contraindications are: severe cardiac disease, GI hemorrhage/perforation, carcinoma of the colon, recent colon surgery (within six months) and renal insufficiency.

**If you have any of these conditions you must consult your physician first. Pauline Phillips will review your questionnaire at the first visit before you receive colon hydrotherapy to determine whether or not this procedure is appropriate for you.**

- I affirm that I understand the purpose and potential benefits of Colon Hydrotherapy
- I understand and freely accept the potential risks of the therapy.
- An offer has been made to answer my questions about the therapy.
- I freely and voluntarily consent to the above therapy.
- I realize that no guarantee as to the results that may be obtained has been given to me by Pauline Phillips and/or Integrated Body Health
- I hereby release Pauline Phillips and Integrated Body Health from any and all liability which may occur in connection with the above mentioned therapy.
- I understand that I am free to withdraw my consent and to discontinue participation in this therapy at any time.
- I am not acting as an agent for any government, law office or pharmaceutical company.
- I have the right to self-insert the speculum but prefer not to insert the speculum myself.

Signature of Client:

\_\_\_\_\_

Date: \_\_\_\_\_

Note: Please fill out this form and either Save/Email attachment to [pauline@integratedbodyhealth.com](mailto:pauline@integratedbodyhealth.com) or Print It and bring with you to your appointment. Thank you.