

CLIENT QUESTIONNAIRE

Dody Acalth Internal Health	Name			Date		
	Address	AddressC		StateZip		
	E-mail					
	Cell Phone		Height	Weight		
	Occupation:		Marital Status:_	Children		
Emergency person/num	ber					
PRIMARY concern		Physician	Chiropractor			
I found Integrated Body	Health using Google	Google Ads	FaceBook	Other		
I heard of Integrated Bo	dy Health from:		They ge	et \$5 off their next session.		
Vital Health Information	on: To provide the best	possible care and insu	re optimum results	from your Colon		
Hydrotherapy, it is impo		•	•	•		
help me meet your indiv	_					
neip me meet your marv	iddai ficeds. Ali is kept	strictly confidential. 11	iank you for taking t	ine time to fill it out.		
GASTROINTESTINAL		METABOLIC_		GENERAL		
recent constipation		hormone issues		SEVERE HEART DISEASE		
chronic constipation		overweight		KIDNEY DISEASE		
diarrhea		obese		CIRRHOSIS		
leaky gut		low blood sugar		PREGNANT		
_ulcerative colitis		diabetes		NURSING MOM		
bloody/black stools		frequent heartburn		ANEURYSM		
recurrent abdominal pair	n	high blood pressure		menstrual problems		
hemorrhoids		MUSCULOSKELETAL		frequent headaches		
bad breath		painful joints		nervousness		
tilted pelvis		muscle cramps		irritable		
FISTULA/FISSURES		TRAUMAS		insomnia		
ABDOMINAL HERNIA		childhood		fatique		
Crohn's Disease		adult		anxiety		
IBS		recent		depression		
gas belching		PTSD		skin disorders		

Surgeries: Rectal date	Abdominal	date 0	Other	date	·
Procedures: Barium enema/wh	en Col	olonoscopy/when Si		igmoidoscopy/when	
Colon Hydrotherapy: When	How ofter	n? Ope	en or Closed Syste	em?	
Please list current supplement	s, laxatives, her	bs, OTC meds,	or prescriptions y	ou are taking	regularly:
			· · · · · · · · · · · · · · · · · · ·		
					
Daily Habits					
Eating Source (circle): Home C	ooking. Eating O	ut. Fast Food Sp	ecial diet:		
Circle if you Eat : Beef, Pork, Ch	_				
How much of each of these per		7 66 7	,		
Water 16oz bottles	Coffee	Alcoho	ol	Exercise	x/week
Tobacco per/day				Rest	
Bowel Movements:	(Occurrence:		Use of lax	catives:
Daily		Don't empty	well	Frequ	ent
Twice Daily		Painful		Occas	sional
About everydays		Requires s	raining	Never	-
Once a week		Effortless		Name	
Are you interested in learning m	ore about food	and lifestyle cha	nges? Yes	No	
Please check below boxes:					
I understand that therap	ies are given b	y a certified colo	n hydrotherapist.		
 Colon hydrotherapy is a are necessary to achiev 					
 I have listed all my know any changes in my phys 		ditions and phys	ical limitations and	d I will inform	the therapist of
 I agree to pay for all so least 24 hours in adva 					
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 <u>pauline@integratedbodyhealth.com</u> or Print It and bring with you to your appointment. Thank you.