

Colon Hydrotherapy Intake Form

This form was provided for use by the Global Professional Association for colon hydrotherapy (GPACT) to its professionally Certified Colon Hydrotherapist Members. In accordance with GPACT standards of excellence & safety; standards set forth for all persons receiving colon hydrotherapy by its members. All members are required to comply with the following: Use Colonic equipment that has met the legal requirements for its use to perform colon hydrotherapy; use only disposable single use speculum kits or nozzles; carry current professional liability insurance for their business.

Before filling out this form, please complete the Contraindications Questionnaire.

NOTE: If you have a Contraindicated Condition, take this to your therapist and discuss if you should complete the following.

Please complete the following questions carefully. All data is confidential to ensure your privacy.

Name: _____ Date of Birth: _____

Address: _____

Home number: _____ Mobile: _____

Email Address: _____

Occupation: _____ Marital Status: _____

Emergency Contact Name: _____ Contact Number: _____

How did you learn about our services? (circle) Google, Natural Therapies, Friend, Signage, Facebook,

Other: _____ Name of Person/Practitioner who referred you: _____

What is their practice name: _____

Reasons for coming today (tick the ones that apply to you and give a rating on a scale from 1 to 10, where 1 = best health, 10 = worse health)

- | | | |
|----------------------|--------------------|------------------------------|
| Lack of energy_____ | Yeast_____ | Haemorrhoids_____ |
| Fatigue_____ | Diarrhoea_____ | Burning/pain in stomach_____ |
| Constipation_____ | Belatedness_____ | Indigestion_____ |
| Irritable bowel_____ | Acid reflux_____ | Ulcers_____ |
| Food cravings_____ | Candida_____ | Itchy anus_____ |
| Mood swings_____ | Skin problems_____ | Fissures_____ |
| Stress_____ | Allergies_____ | Arthritis_____ |
| Anxiety_____ | Parasites_____ | Brittle nails & hair_____ |
| Depression_____ | Headaches_____ | Backache_____ |
| Insomnia_____ | Flatulence_____ | Liver & gallbladder_____ |
| Weight loss_____ | Body odour_____ | Kidney problems_____ |
| Brain fog_____ | Bad breath_____ | Other_____ |

Describe complaints: _____

What allergies/sensitivities do you have? _____

Are you here today to kick-start healthy living and or detox? _____

Describe any other cleansing protocols you are currently doing or have done _____

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Your General Practitioners Name: _____ Medical Centre: _____

Are you currently receiving healthcare by a Doctor/Naturopath/Homeopath/Chiropractor etc? _____

If so, please explain: (eg. Blood sugar, Thyroid issues, High blood pressure, Cholesterol etc.) _____

Medications & supplements: List all you now take regularly including over the counter _____

Is colon hydrotherapy part of a protocol that a doctor or other healthcare professional has referred or prescribed for you? _____ Referee's Name & Practice Name _____

Abdominal area surgeries: (circle all that apply) C-Section, Gallbladder, Gastric Bypass, Appendix, Lap Band Hysterectomy, Vaginal Mesh, Other _____ Year of surgery _____

When was the most recent time you took antibiotics? _____ Why? _____

How long were you taking them for? _____ How many times have you taken antibiotics? _____

How often do you have bowel movements?(circle) 3 per day, 2 per day, 1 per day, skips days, Other _____

How are your bowel eliminations normally? (circle) Requires straining, Effortless, Other _____

When? (circle) Only after eating, AM, Lunch, PM, Varies (describe) _____

Amount: (circle) Normal too, little, too large Consistency: (circle) smooth like a banana, very hard, runny

Colour: (circle) brown, black, whitish, greenish Other: (circle) lots of mucus, lots of gas, foul smell

Is the gas related to certain foods? _____ If so, describe: _____

Do you feel your bowel movements are incomplete? _____ Describe complaints: _____

Describe your regular weekly exercise routine: _____

Describe what your typical daily eating habits are including beverages, water, alcohol, smoking and if you follow a particular diet eg. Vegetarian, vegan, paleo: _____

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

What do you hope to achieve from this colon hydrotherapy appointment? _____

Do you have any specific concerns? _____ If yes, explain: _____

My signature below indicates I have honestly answered all of the questions above and supplied any additional relevant information within this intake form.

Client Signature: _____

Client Name: _____ Date: _____