



Colon Hydrotherapy Client Intake

Complete form and email to wendi@kramerwellness.com

NAME _____ ADDRESS _____

CITY _____

STATE _____ ZIP _____ PHONE _____

OCCUPATION _____ AGE _____

BIRTHDATE _____ SEX _____ HEIGHT _____ WIEGHT _____

CHILDREN _____ MISCARRIAGES _____ Referred by: _____

Do you take Drugs, Medications, Antibiotics, Injections (Please Explain) _____

Do you suffer pertaining to any of the following: Arthritis ___ Asthma ___ Allergies ___ Colitis ___ Constipation ___ Diabetes ___ Diarrhea ___ Diverticulitis ___ Heart ___ Hemorrhoids ___ Headaches ___ Candidiasis ___ Chronic Fatigue ___ Bad Breath ___ Indigestion ___ Backache: Upper ___ Lower ___ Kidney ___ Prostate ___ Uterus ___ Skin Disorders ___ Eyes ___ Footaches ___ Genitals ___ Gastritis ___ Cancer: _____ Type _____ Surgeries: _____

X-Rays _____ Chemotherapy _____ Any other disorders requiring hospitalization or Doctor's care: _____

When Last? _____ Do you use: ___ Aspirin ___ Antacids ___ Cigarettes ___ Alcohol ___ Coffee (daily Amount) ___ Black Tea ___ Vitamins ___ List Prescription Medicines, if any: _____

_____ are you now under a Doctor's care? ___ Explain: _____

_____ Have you ever had a Colonic?

_____ Last Series _____ Results _____ Bowel movements: Number per day: ___ Size _____

Color _____ Odor? ___ Shape _____ Do you receive Chiropractic Care? _____ Massage? _____

What Does your daily diet consist of? _____

Exercise: ___ How Often _____ What Type: _____ Do you know your Blood Pressure?

_____/_____/_____ Pulse Rate _____ Cholesterol Count _____

I, the undersigned, hereby acknowledge that _____ has not, is not, and will not prescribe (order for use as medicine) for me at any time, and I, the undersigned, will not hold them accountable for such. The therapist is helping me with natural hygiene at my request, and is not diagnosing nor treating disease, nor practicing any form of medicine.

Signature _____ Date: _____

Office Use Only COLONIC OBSERVATIONS THERAPIST _____

Date	Scope	Rectum	Anus	Bowel	Waste	Mucus	Cecum	Water	Temp.	Perist	Gas

Scope	Rectum	Anus	Bowel	Waste	Mucus	Cecum	Water	Peristalsis	Gas
1-adult	Piles-Int.	Normal	Atonic	Const.	Normal	Normal	5-Gal	Normal	Putrefaction
2-child	Piles-Ext.	Pubic	Spastic	Diarrhea	New	Heavy	10-Gal	Hyper	Fermentation
	Fissure	Coccyx	Ptosis	Chyme	Toxic	Toxic	15-Gal	Hypo	
				Normal			20-Gal		