

Brampton Colonics  
Confidential Intake Form

Date: \_\_\_\_\_ Referral source: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail : \_\_\_\_\_ Occupation: \_\_\_\_\_

What symptoms or health concern brings you to this appointment? \_\_\_\_\_

Please list any disease, illness or ailments you have been diagnosed with: \_\_\_\_\_

Have you been hospitalized, or had surgery, or any organ(s) removed? \_\_\_\_\_

Contraindications for colon hydrotherapy and other digestive disorders please mark with a Y or N:

IBS \_\_\_\_\_ Colitis \_\_\_\_\_ Crohn's \_\_\_\_\_ Ulcer \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Polyps \_\_\_\_\_ Gallstones \_\_\_\_\_  
Appendicitis \_\_\_\_\_ Kidney Stones \_\_\_\_\_ Anal Fissure \_\_\_\_\_ Colon Cancer \_\_\_\_\_ Surgery \_\_\_\_\_ Hernia \_\_\_\_\_  
Renal Failure \_\_\_\_\_ Liver cirrhosis \_\_\_\_\_ Hemorrhoids \_\_\_\_\_ Heart Failure \_\_\_\_\_ Are you pregnant? \_\_\_\_\_  
Intestinal perforation \_\_\_\_\_

List any medication you are currently taking (prescription and over the counter) and why you are taking it.

Do you take any of the following supplements? Multivitamin \_\_\_\_\_x/day, Probiotic \_\_\_\_\_x/day, Magnesium \_\_\_\_\_,  
Omega 3 \_\_\_\_\_, Fiber \_\_\_\_\_ tsp/tbsp x/day, Digestive enzymes \_\_\_\_\_x/day, Protein \_\_\_\_\_ (grams/day) Juicing \_\_\_\_\_ x/day  
Emotions: What is your current level of stress? Minimal \_\_\_\_\_ Average \_\_\_\_\_ Considerable \_\_\_\_\_

How many hours of sleep do you get/night? \_\_\_\_\_ Do you wake feeling rested? \_\_\_\_\_

Do you experience (Y or N): Mood Swings? \_\_\_\_\_ Depression? \_\_\_\_\_ Anxiety? \_\_\_\_\_ PMS? \_\_\_\_\_

Please write your avg. daily menu? Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks? \_\_\_\_\_ # of glasses of water daily? \_\_\_\_\_ Filtered (Y/N)? \_\_\_\_\_

Drinks (# of): Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Pop \_\_\_\_\_ Herbal Tea \_\_\_\_\_ Milk \_\_\_\_\_

List any food allergies? \_\_\_\_\_

What foods do you crave? \_\_\_\_\_

Are you on a cleanse or special diet? \_\_\_\_\_ Are you a vegetarian/vegan? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ Weights/cardio? \_\_\_\_\_ Are you interested in weight loss? \_\_\_\_\_

Chemicals (Yes or No)

Are you a smoker? \_\_\_\_\_ If you quit, when? \_\_\_\_\_ How many/day? \_\_\_\_\_ Antibiotics at least once/year? \_\_\_\_\_

Have you travelled in the last year? \_\_\_\_\_ Did you get sick on or coming back from travel? \_\_\_\_\_

Do you experience the following digestive difficulties Daily (D) or Weekly (W) label all that apply:

Bloating \_\_\_\_\_, Constipation \_\_\_\_\_, Heartburn\_\_\_\_\_, Gas \_\_\_\_\_, Burping \_\_\_\_\_, Diarrhea \_\_\_\_\_,

Abdominal pain \_\_\_\_\_, Fatigue \_\_\_\_\_, Headaches \_\_\_\_\_, Joint Pain \_\_\_\_\_

Do you use laxatives? \_\_\_\_\_ What kind and how often? \_\_\_\_\_ Do you use antacids? \_\_\_\_\_

Stool Indicators (Y/N) The following are helpful indicators of the health of your bowels as well as your overall health.

How many bowel movements per week (#)? \_\_\_\_\_ Do you have to push or strain? \_\_\_\_\_ Do you have pain? \_\_\_\_\_

Are your bowel movements large (8-12") smooth & solid? \_\_\_\_\_ Small balls or pellets? \_\_\_\_\_ Lumpy 3-4" solids? \_\_\_\_\_

Liquid/watery stool, freq.diarrhea? \_\_\_\_\_ Fluffy, floating pieces?\_\_\_\_\_ Is there a smell? \_\_\_\_\_ Rectal bleeding? \_\_\_\_\_

Blood in stool? \_\_\_\_\_ Is there a history of cancer in your family? \_\_\_\_\_

I, the undersigned, acknowledge that the personnel at Brampton Colonics are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. They are not doctors or responsible for my health choices. Any recommendations I receive are not intended as primary therapy for any symptom or disease, but as a means of enhancing the quality of my diet. I understand that Colon Hydrotherapy is a professional service which may provide information related to nutritional requirements; however this service is not a tool for the prevention, assessment, diagnosis, or treatment of any particular illness or disease. The services I receive are initiated at my own request for reasons personal to me. I understand that all sessions and series I purchase are non-refundable but can be transferred to a friend at anytime. I am responsible to be at my scheduled appointment on time. If I miss or cancel my appointment without giving 24 hours notice by phone I agree to be charged a \$50 late cancellation fee to Brampton Colonics or have the equivalent deducted from my current series of colonics.

Client signature\_\_\_\_\_

Date \_\_\_\_\_

Client Progress Sheet (Therapist Use Only)
