

**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, given birth ?** \_\_\_\_\_

**Contraindications for colon hydrotherapy, please mark all that apply with Y or N**

**Fissures or Fistula** \_\_\_\_\_ **Colon Cancer** \_\_\_\_\_ **Surgery** \_\_\_\_\_ **Renal Failure** \_\_\_\_\_ **Liver cirrhosis** \_\_\_\_\_

**Hemorrhoids** \_\_\_\_\_ **Heart Failure** \_\_\_\_\_ **Hernia** \_\_\_\_\_ **Are you pregnant?** \_\_\_\_\_ **Intestinal perforation** \_\_\_\_\_

**Other digestive disorders that may be contraindicated please mark with a Y or N:** IBS \_\_\_\_\_ Colitis \_\_\_\_\_  
Crohn's \_\_\_\_\_ Ulcer \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Polyps \_\_\_\_\_ Gallstones \_\_\_\_\_ Appendicitis \_\_\_\_\_  
Kidney Stones \_\_\_\_\_

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

**Do you take any supplements daily?** \_\_\_\_\_

**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 \_\_\_\_\_ UTI \_\_\_\_\_ Yeast Infections \_\_\_\_\_

Are/were you a smoker? \_\_\_\_\_ How many daily? \_\_\_\_\_ For how long? \_\_\_\_\_ If you quit, when? \_\_\_\_\_

Do you wear perfume/cologne? \_\_\_\_\_ Do you take antibiotics at least once/year? \_\_\_\_\_ Drink tap water? \_\_\_\_\_

Eat organic fruit and vegetables? \_\_\_\_\_ Have you travelled in the last year? \_\_\_\_\_

Did you get ill on the trip or returning home? \_\_\_\_\_ Have you done a parasite cleanse? \_\_\_\_\_ When? \_\_\_\_\_

**Do you experience digestive difficulties (please check all those 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? \_\_\_\_\_

**Diet: How do you drink daily? Water** \_\_\_\_\_ **(L)** (Tap or Filtered? \_\_\_\_\_) Coffee \_\_\_\_\_ Juice \_\_\_\_\_

Black tea \_\_\_\_\_ Herbal tea \_\_\_\_\_ Pop \_\_\_\_\_ Alcohol \_\_\_\_\_ Beer \_\_\_\_\_ Wine \_\_\_\_\_

**How many times in a week do you eat the following foods?** Meat (beef/chicken/eggs/fish) \_\_\_\_\_ Fruit \_\_\_\_\_,

Vegetables (raw) \_\_\_\_\_ (cooked) \_\_\_\_\_ Dairy \_\_\_\_\_ Baked Goods \_\_\_\_\_ Beans \_\_\_\_\_

White Flour products (rice, bread etc.) \_\_\_\_\_ Whole grains (quinoa, brown rice, oats, barley) \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_ Are you a vegetarian/vegan? \_\_\_\_\_

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

**In an average day what do you eat at each meal?**

**Breakfast** \_\_\_\_\_

**Lunch** \_\_\_\_\_

**Dinner** \_\_\_\_\_

**Stool Indicators:**

**Under each heading please circle all responses that apply to you in the last month.**

Frequency	Consistency	Contents	Length	Width	Texture	Colour	Time
Daily (circle 1) 1x - 2x - 3 x	Hard, dry	Mucous (white/yellow)	6" or more	3"+ tubular	Smooth, Well formed	Light to dark brown	5 min or Less
Every 2 days	Solid	Fat floating	3-5" pieces	1" tubular	Loose	Orange/ Yellow	5-15 min.
Weekly	Soft	Blood	Less than 3"	Thin/Stringy	Lumpy	Grey/Green	
Once/wk or less	Loose/Watery	Bits of food	Chunks/balls	Varies	Varies	Black	

I, the undersigned, hereby acknowledge that Brampton Colonics & staff are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. 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/ Nutrition is a professional service which may provide information related to nutritional requirements, however this service is not a tool for the prevention, assessment or diagnosis, or treatment of any illness or disease. **The services I receive are initiated at my own request for reasons personal to me. I understand that the following are potential risks of colon hydrotherapy:** abdominal cramping, stomach pain, diarrhea, nausea and vomiting. Severe complications may include: perforating the bowel, serious infections, electrolyte imbalances, kidney problems and heart failure. If I feel any discomfort after my session I will seek medical attention; and inform the clinic. 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 appointment on time. If I miss or cancel my appointment without giving 24 hours notice via email I agree to be charged a \$25 cancellation fee by Brampton Colonics to the valid credit card or series I have on file.**

**By choosing to receive colonics & signing below I assume all personal liability of risk associated with the procedure as detailed above; I have provided my therapist with an accurate health history prior to my session. If there are any changes in future I agree to inform my therapist BEFORE my session begins.**

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

**Date** \_\_\_\_\_

Session Notes (Therapist Only):
