## Sevenity Health & Wellness Center 1685 Lance Point Dr. Maumee, Oh 43537 419.891.8181

## Colon Hydrotherapy Intake Confidential Personal History Form



ADDRESS:	Zip: AGE:  pply: Bladder InfectionBloatingBlood in StoolBM Painful/ DifficultBurning/ Itching AnusConstipationDiarrhea
ADDRESS:	Zip: AGE:  pply: Bladder Infection Blood in Stool Blood in Stool BM Painful/ Difficult Burning/ Itching Anus Constipation Diarrhea
Description   How Long?   How Long?	Bladder InfectionBlood in StoolBlood in StoolBurning/ Itching AnusConstipationDiarrhea
WEIGHT:	AGE:  pply:  Bladder Infection Blood in Stool Blood in Stool Burning/ Itching Anus Constipation Diarrhea
Why have you chosen to have Colon Irrigation Session(s)? Please (√) all that ap Reason:  Under a Medical Provider's Care?  By Prescription •In Pain? •Where?  Contraindications: (√) and Date if you have ever had any of the following:  DATE Diverticulosis/Diverticulitis  Abdominal Hernia Diverticulosis/Diverticulitis  Abdominal Surgery Fissures & Fistulas  Abnormal Distension Hemorrhaging  Acute Live Failure Hemorrhoidectomy	Diply:    Same Bladder Infection Bloating Blood in Stool BM Painful/ Difficult Burning/ Itching Anus Constipation Diarrhea
Reason:  Under a Medical Provider's Care?  By Prescription  In Pain?  OATE  Abdominal Hernia  Abdominal Surgery  Abnormal Distension  Acute Live Failure  Anemia  Aneurysm - all types  Carcinoma of the Colon  Cardiac Condition  Cardiac Condi	NameBladder InfectionBloatingBlood in StoolBM Painful/ DifficultBurning/ Itching AnusConstipationDiarrhea
Under a Medical Provider's Care?	Name Bladder Infection Bloating Blood in Stool BM Painful/ Difficult Burning/ Itching Anus Constipation Diarrhea
By Prescription •In Pain? •Where?  Contraindications: (√) and Date if you have ever had any of the following:  DATE Diverticulosis/Diverticulitis  Abdominal Hernia Diverticulosis/Diverticulitis  Fissures & Fistulas  Abnormal Distension Hemorrhaging  Acute Live Failure Hemorrhoidectomy	Bladder Infection Bloating Blood in Stool BM Painful/ Difficult Burning/ Itching Anus Constipation Diarrhea
Contraindications: ( $$ ) and Date if you have ever had any of the following:  DATE  Abdominal Hernia  Abdominal Surgery  Abnormal Distension  Acute Live Failure  Anemia  Aneurysm - all types  Carcinoma of the Colon  Cardiac Condition  Crohns Disease  Colitis  Dialysis  Fissures & Fistulas  Hemorrhaging  Hemorrhoidectomy  Intestinal Perforations  Lupus  Pregnant - (Due Date)  Rectal/Colon Surgery  Renal Insufficiencies  Taking medication's, which may  weaken intestinal walls?  Fany ( $$ ) please explain:	Bladder Infection Bloating Blood in Stool BM Painful/ Difficult Burning/ Itching Anus Constipation Diarrhea
	Infectious Disease Hemorrhoids Internal External Rectal Bleeding Recent Barium Enema Recent Colonoscopy Strain Use Laxatives Vomiting Date of Last Menstrual Other
For clients 18 or under, the signature & attendance of the parent or guardian for insertic have reviewed this form with my client. Therapist Signature: X	I am aware adverse events such as ation and enema devices. Should I If during the session I experience e that Certified Therapists do not it is required.)
Medical Director: X Date:/20	OR By Own Physician

Medications:		
Notes:		

Emergency Contact:

Other Notes:			

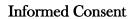
## **Session Information:**

STAPLE PHYSICIAN PRESCRIPTION HERE

## Session Information:

#	Date:	Therapist:	Client Initials:	#	Date:	Therapist:	Client Initials:





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This health center	inf	forms you of the following things:
1. We do not diagnose.		
2. We make no attempt to cure any conditi	ion.	
3. We make no claim or imply any claim the	nat suggestions are	given to cure any conidition.
4. We do not claim that any supplemental apurpose is to treat any condition.	material that we sp	eak about will cure any condition or that its
		pt to educate you on food and conscious diet cory to the recommendations of your primary
God-given inalienable rights and my constituent Creator-endowed Inalienable Rights to ask for any outcome. I understand that there is may appear. Whether or not I ask for assist made by me.	stand that diet, nut he results obtained e procedures offere utionally guarantee for assistance of m no guarantee of ar tance is my decisions ers here are not me	rition, and lifestyle consultations are are not always consistent or predictable. Ed by this center is my decision based on my drights secured by the U.S. Bill of Rights. It is yown choosing and I accept full responsibility my result and the opposite of the desired result on. All decisions relative to my health must be dical doctors and are not attempting to portray
Name		·····
Address		
City	State	Zip
Client Signature: X		/20
Phone:	Alt. Phone:	