

## PERSONAL HISTORY FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ Cell # \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ SEX \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ REFERRED BY \_\_\_\_\_  
 REASON FOR VISIT \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please "X" all symptoms, which you now have or have had in the past year. Be as thorough as possible. YOUR HEALTH HISTORY IS CONFIDENTIAL.**

None of the information provided on this form is used in any way to diagnose or treat any condition. This information is gathered for research purposes only and in no way reflects that colon cleansing enemas will treat or cure any of these symptoms or conditions.

<p><b><u>General Symptoms</u></b></p> <p>_____ Allergy</p> <p>_____ Chills</p> <p>_____ Depression</p> <p>_____ Dizziness</p> <p>_____ Fainting</p> <p>_____ Fever</p> <p>_____ Forgetfulness</p> <p>_____ Headache</p> <p>_____ Loss of Weight</p> <p>_____ Nervousness</p> <p>_____ Overweight</p> <p>_____ Sweats</p> <p><b><u>Gastro-Intestinal</u></b></p> <p>_____ Abdomen Distension</p> <p>_____ Belching or gas</p> <p>_____ Irritable Bowel</p> <p>_____ Bloody stools</p> <p>_____ Colon trouble</p> <p>_____ Constipation</p> <p>_____ Diarrhea</p> <p>_____ Difficult digestion</p> <p>_____ Excessive hunger</p> <p>_____ Gall bladder</p> <p>_____ Hemorrhoids</p> <p>_____ Hernia</p> <p>_____ Intestinal worms</p> <p>_____ Jaundice Piles</p> <p>_____ Liver trouble</p> <p>_____ Poor appetite</p> <p>_____ Rectal bleeding</p>	<p><b><u>Eyes, Ears, Nose, Throat</u></b></p> <p>_____ Failing vision</p> <p>_____ Near sighted</p> <p>_____ Far sighted</p> <p>_____ Crossed eyes</p> <p>_____ Eye pain</p> <p>_____ Deafness</p> <p>_____ Earache</p> <p>_____ Nausea/Vomiting</p> <p>_____ Vomiting of blood</p> <p>_____ Ear noises</p> <p>_____ Ear discharge</p> <p>_____ Nose bleeds</p> <p>_____ Nasal obstruction</p> <p>_____ Nasal drainage</p> <p>_____ Sore throat</p> <p>_____ Swollen tonsils</p> <p>_____ Hoarseness</p> <p>_____ Sinus infection</p> <p>_____ Hay fever</p> <p>_____ Asthma</p> <p>_____ Enlarged lymph glands</p> <p>_____ Enlarged thyroid</p> <p>_____ Colds</p> <p>_____ Dental decay</p> <p>_____ Gum trouble</p>	<p><b><u>Respiratory</u></b></p> <p>_____ Chronic cough</p> <p>_____ Spitting up phlegm</p> <p>_____ Spitting up blood</p> <p>_____ Difficult breathing</p> <p><b><u>Cardiovascular</u></b></p> <p>_____ Rapid heart beat</p> <p>_____ Pain over heart</p> <p>_____ Slow beating heart</p> <p>_____ High blood pressure</p> <p>_____ Low blood pressure</p> <p>_____ Stroke/heart attack</p> <p>_____ Swelling of ankles</p> <p>_____ Poor circulation</p> <p><b><u>Muscles/Bones/Joint</u></b></p> <p>Pain, Weakness, Numbness In: _____</p> <p>_____ Abdomen</p> <p>_____ Back</p> <p>_____ Elbows</p> <p>_____ Hands</p> <p>_____ Knees</p> <p>_____ Shoulders</p> <p>_____ Other _____</p> <p>_____ Spinal curvature</p> <p>_____ Arms</p> <p>_____ Feet</p> <p>_____ Legs</p> <p>_____ Chest</p> <p>_____ Hips</p>	<p><b><u>Genito-Urinary</u></b></p> <p>_____ Bladder trouble</p> <p>_____ Blood/pus in urine</p> <p>_____ Control of urine</p> <p>_____ Frequent urination</p> <p>_____ Kidney trouble</p> <p>_____ Penile sores</p> <p>_____ Painful urination</p> <p>_____ Prostate trouble</p> <p><b><u>For Women Only</u></b></p> <p>_____ Cramps or backache</p> <p>_____ Excessive menstrual flow</p> <p>_____ Hot flashes</p> <p>_____ Irregular cycle</p> <p>_____ Lumps in breasts</p> <p>_____ Menopausal symptoms</p> <p>_____ Miscarriage # _____</p> <p>_____ Painful menstruation</p> <p>_____ Vaginal discharge</p> <p><b><u>Skin</u></b></p> <p>_____ Acne</p> <p>_____ Boils</p> <p>_____ Bruises easily</p> <p>_____ Dryness</p> <p>_____ Hives</p> <p>_____ Itching</p> <p>_____ Sensitive skin</p> <p>_____ Varicose veins</p>
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Please CIRCLE all that apply:

AIDS	Diabetes	Colitis	Whooping cough	Venereal infection
Alcoholism	Diphtheria	Liver problems	Nervous breakdown	Rheumatic fever
Anemia	Eczema	Lupus	Pacemaker	Scarlet Fever
Anorexia	Emphysema	Mental disorders	Pleurisy	Smallpox
Appendicitis	Epilepsy	Measles	Pneumonia	Stroke
Arthritis	Fever Blisters	Malaria	Polio	Suicide attempt
Arteriosclerosis	Flu	Migraines	Prostate	Thyroid problems
Asthma	Glaucoma	Miscarriage	Psychiatric Care	Tonsillitis
Bleeding disorders	Goiter	Mononucleosis	Hernia	Tuberculosis
Bronchitis	Gonorrhea	Multiple sclerosis	Herpes	Typhoid fever
Bulimia	Gout	Mumps	High Cholesterol	Ulcers
Cancer	Heart problems	Chemical dependency	HIV positive	Other _____
Cataracts	Hepatitis	Chickenpox	Kidney problems	_____

**The Following is a list of contraindications for using this procedure. If you have ever been diagnosed with ANY of these conditions, A Doctor's prescriptive release will be required to use this procedure.**

Abdominal Hernia	Aneurysm	Fissures	Hemorrhoid surgery	Renal insufficiencies
Acute Liver failure	Carcinoma	Fistulas	Diverticulosis	
Abdominal distension	Crohn's Disease	Lupus	Pregnant (currently)	
Abdominal Surgery	Colitis	Anemia (severe)	Intestinal perforation	
Cardiac conditions	Dialysis patient	Hemorrhaging	Digestive problem history	

I \_\_\_\_\_ have read the above contraindications for colon cleansing enemas and by my signature below I testify that I DO NOT have ANY of the above Conditions. I am also aware that the use of colon cleansing enemas is by my own personal choice and that the technician is not a medical doctor nor portrays themselves as such. Colon cleansing enemas have not been clinically tested to provide ANY medical benefits. This facility does not claim that colon cleansing will cure or treat any condition or disease. This procedure is used solely for the purpose of evacuating the lower bowel. I am aware that adverse events such as perforation, injury, illness, and death have been alleged and claimed with the use of colon cleansing and enema devices.

Print your name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are currently taking any medications for any condition prescription or not, you may want to check with your doctor before using any colon cleansing service. If you have ever been diagnosed with any intestinal condition or have taken any medications that can weaken the intestinal walls, you should check with your Primary Health Care Provider before colon cleansing. If you are not sure of the side effects of the drugs you are using, you can check on the internet or with your local pharmacist or doctor.

Although we recommend colon hydrotherapy for your health and wellness, please, if you are down with a serious cold or flu, please wait until you are no longer contagious to book your appointment.