

PERSONAL HISTORY FORM

NAME _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME # _____ WORK # _____ Cell # _____
 BIRTHDATE _____ AGE _____ MARITAL STATUS _____ SEX _____
 OCCUPATION _____ REFERRED BY _____
 REASON FOR VISIT _____ EMAIL: _____
 HOW DID YOU HEAR ABOUT US? _____

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.

General Symptoms

_____ Allergy
 _____ Chills
 _____ Depression
 _____ Dizziness
 _____ Fainting
 _____ Fever
 _____ Forgetfulness
 _____ Headache
 _____ Loss of Weight
 _____ Nervousness
 _____ Overweight

Gastro-Intestinal

_____ Abdomen Distension
 _____ Belching or gas
 _____ Irritable Bowel
 _____ Bloody stools
 _____ Colon trouble
 _____ Constipation
 _____ Diarrhea
 _____ Difficult digestion
 _____ Excessive hunger
 _____ Gallbladder
 _____ Hemorrhoids
 _____ Hernia
 _____ Intestinal worms
 _____ Jaundice Piles
 _____ Liver trouble
 _____ Poor appetite
 _____ Rectal bleeding

Eyes, Ears, Nose, Throat

_____ Failing vision
 _____ Near-sighted
 _____ Far-sighted
 _____ Crossed eyes
 _____ Eye pain
 _____ Deafness
 _____ Earache
 _____ Nausea/Vomiting
 _____ Vomiting of blood
 _____ Ear noises
 _____ Ear discharge
 _____ Nose bleeds
 _____ Nasal obstruction
 _____ Nasal drainage
 _____ Sore throat
 _____ Swollen tonsils
 _____ Hoarseness
 _____ Sinus infection
 _____ Hay fever
 _____ Asthma
 _____ Enlarged lymph glands
 _____ Enlarged thyroid
 _____ Colds
 _____ Dental decay
 _____ Gum trouble

Respiratory

_____ Chronic cough
 _____ Spitting up phlegm
 _____ Spitting up blood
 _____ Difficulty breathing

Cardiovascular

_____ Rapid heart beat
 _____ Pain over heart
 _____ Slow beating heart
 _____ High blood pressure
 _____ Low blood pressure
 _____ Stroke/heart attack

Muscles/Bones/Joint

Pain, Weakness, Numbness In:
 _____ Abdomen
 _____ Back
 _____ Elbows
 _____ Hands
 _____ Knees
 _____ Shoulders
 _____ Other _____
 _____ Spinal curvature
 _____ Arms
 _____ Feet
 _____ Legs
 _____ Chest
 _____ Hips

Genito-Urinary

_____ Bladder trouble
 _____ Blood/pus in urine
 _____ Control of urine
 _____ Frequent urination
 _____ Kidney trouble
 _____ Penile sores
 _____ Painful urination
 _____ Prostate trouble

For Women Only

_____ Cramps or backache
 _____ Excessive menstrual flow
 _____ Hot flashes
 _____ Irregular cycle
 _____ Lumps in breasts
 _____ Menopausal symptoms
 _____ Miscarriage # _____
 _____ Painful menstruation
 _____ Vaginal discharge

Skin

_____ Acne
 _____ Boils
 _____ Bruises easily
 _____ Dryness
 _____ Hives
 _____ Itching
 _____ Sensitive skin
 _____ Varicose veins

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.