

## 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.

**General Symptoms**

\_\_\_\_\_ Allergy  
 \_\_\_\_\_ Chills  
 \_\_\_\_\_ Depression  
 \_\_\_\_\_ Dizziness  
 \_\_\_\_\_ Fainting  
 \_\_\_\_\_ Fever  
 \_\_\_\_\_ Forgetfulness  
 \_\_\_\_\_ Headache  
 \_\_\_\_\_ Loss of Weight  
 \_\_\_\_\_ Nervousness  
 \_\_\_\_\_ Overweight  
  
 \_\_\_\_\_ Sweats  
**Gastro-Intestinal**  
 \_\_\_\_\_ Abdomen Distension  
 \_\_\_\_\_ Belching or gas  
 \_\_\_\_\_ Irritable Bowel  
 \_\_\_\_\_ Bloody stools  
 \_\_\_\_\_ Colon trouble  
 \_\_\_\_\_ Constipation  
 \_\_\_\_\_ Diarrhea  
 \_\_\_\_\_ Difficult digestion  
 \_\_\_\_\_ Excessive hunger  
  
 \_\_\_\_\_ Gall bladder  
 \_\_\_\_\_ 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  
 \_\_\_\_\_ Difficult breathing  
**Cardiovascular**  
 \_\_\_\_\_ Rapid heart beat  
 \_\_\_\_\_ Pain over heart  
 \_\_\_\_\_ Slow beating heart  
 \_\_\_\_\_ High blood pressure  
 \_\_\_\_\_ Low blood pressure  
 \_\_\_\_\_ Stroke/heart attack  
  
 \_\_\_\_\_ Swelling of ankles  
 \_\_\_\_\_ Poor circulation

**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.