Colon Hydotherapy
Healing Center

HEALTH HISTORY

24 Hour Cancellation is required. Any appointment missed without notification will be charged against your account. Thank you.

PLEASE PRI NT

DATE_____

NAME:_____

CONTACT #'S (home/office/cell)_____ _____ _____

ADDRESS_____CITY_____STATE_____

ZIPCODE_____E-MAIL_____

HOW WERE YOU REFERRED HERE?_____

OCCUPATION_____HOW LONG?_____

AGE_____ HEIGHT_____WEIGHT_____BIRTHDATE_____

REASON FOR VISIT_____

✓ PLEASE CHECK - If you have or ever had any of the following:

- ☐ Cancer where/when_____
- ☐ Severe Cardiac Disease
- ☐ Severe Anemia
- ☐ Severe Hemorhoids
- ☐ Fissures/Fistuals (colon)
- ☐ Recent Colon Surgery
- ☐ Crohn's Disease/Colitis/Diverticulitis
- ☐ Aneurysm
- ☐ GI Hemorrhage/Perforation
- ☐ Cirrhosis
- ☐ Abdominal Hernia
- ☐ Renal (Kidney) Insufficiency
- ☐ Are you currently pregnant

List Surgeries (when/what)_____

List Current Medications & Supplements: Name and for what;

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Anything else we should know about you:_____

IN CASE OF EMERGENCY WHOM SHOULD WE CALL:_____

Phone number_____relationship_____.

Ma 41024

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Fax: (352) 374-7756
info@GentleWatersHealing.com
www.GentleWatersHealing.com
1215 NW 23rd Ave
Gainesville, FL 32609

HAVE YOU BEEN DIAGNOSED WITH ANY ILLNESS OR DEGENERATIVE DISEASE, LIKE DIABETES, ARTHRITIS, HEART TROUBLE, CIRCULATORY, RESPIRATORY, ETC.?_____

_____

_____

✓ PLEASE CHECK if currently do/have;

- ☐ Alcohol use
- ☐ Chronic Depression
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ High Blood Sugar
- ☐ Chronic Fatigue
- ☐ Burning Stomach
- ☐ Burning/Itching Anus
- ☐ Coated Tongue
- ☐ Constipation
- ☐ Laxative use _____
- ☐ Diarrhea
- ☐ Swollen Ankles
- ☐ Difficulty Sleeping
- ☐ Smoke
- ☐ Chronic Stress
- ☐ Allergies
- ☐ Headaches
- ☐ Asthma/Bronchitis/Upper Respiratory
- ☐ Arthritis
- ☐ Gas with foul odor
- ☐ BM Painful/Difficult
- ☐ Indigestion/Heartburn
- ☐ Vomiting
- ☐ Bloating
- ☐ Skin Problems
- ☐ Pregnant
- ☐ Other_____

BOWEL MOVEMENT FREQUENCY?

_____One or more times per day w/ wo laxatives Use Fiber_____What Kind_____

_____Two – Three times per week w/wo laxatives

_____Once per week

_____Two – Three times per month

Do you Strain?_____Rectal Bleeding?_____Hemorrhoids?_____

EVER HAD: Barium Enema?_____yr._____ Colonoscopy?_____yr._____

Colon Surgery?_____yr._____ Rectal Surgery?_____yr._____

ABOUT DIET & EXERCISE

HOW OFTEN DO YOU CONSUME THE FOLLOWING FOODS PER WEEK?

- _____Fast Food
- _____Soft Drinks
- _____Sugar Free or Fat Free Products
- _____Red Meat
- _____Fish
- _____Milk
- _____Cheese
- _____Fresh Fruit (raw)
- _____Fresh Vegetables (raw)
- _____Canned fruits/vegetables
- _____White Flour Products, bread, cakes etc.

HOW OFTEN DO YOU EXERCISE?

- ☐ Daily
- ☐ 2-3 times per week
- ☐ Once a week
- ☐ 2-3 times per month
- ☐ Presently Incapable

TYPE OF EXERCIE?

- ☐ Walking, casual
- ☐ Walking, power
- ☐ Jogging/Running
- ☐ Aerobics
- ☐ Weight Bearing/gym work

____Multi-Grain Products/Cereal
____Packaged Dinners
____Restaurants
____Bottled Water
____Coffee/Tea
____Protein with Starches at meals
(i.e. meat, potato, bread)
____Late night snacks

HOW WOULD YOU DESCRIBE YOUR DIET?
☐ Standard American
☐ High Protein – low Carb.
☐ High Carb low fat
☐ Balanced 4-Food Group
☐ Whole Foods 60-80% Raw
☐ Vegetarian What type_____
☐ Balanced, avoiding refined sugars & flours
☐ Other, Does it have a name?_____

☐ Yoga/stretching

WHAT MEASURES DO YOU TAKE TO REDUCE STRESS?
☐ Exercise/Sports
☐ Hobbies
☐ Recreational Activities
☐ Supplements/Prescriptions
☐ Spiritual/Mental work
☐ Meditation
☐ Reading/writing
☐ Performing Arts

HAVE YOU EVER DONE ANY CLEANSING, FASTING, OR DETOXING BEFORE?
_____

ANY MIND/BODY CONNECTIVE WORK?_____

WHAT ARE YOUR HEALTH GOALS?_____

Why have you chosen to have Colon Hydrotherapy, Health and Nutritional Counseling?
_____9th Amendment Right to Self Prescribe
_____Doctor Referral Whom_____

Are you currently under a Doctor's care? Whom?_____
and for what are you being treated_____

If you are Federal, State or Local Agent upon entering YOU MUST DECLARE Same or under the THE BIVENS ACT – ARTICLE 42 OR BE HELD PERSONALLY & INDIVIDUALLY LIABLE