

**Client Information / Pre- Treatment Interview - [www.fortlangleycolonics.com](http://www.fortlangleycolonics.com)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Adress: \_\_\_\_\_ City \_\_\_\_\_ PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Had you Had Colonics before? \_\_\_\_\_ How Many? \_\_\_\_\_ When? \_\_\_\_\_  
 Other Cleanse experiences include: \_\_\_\_\_  
 Name of you MD, or ND \_\_\_\_\_  
 What are your reasons for having colonics? \_\_\_\_\_

**DIET AND LIFE STYLE**

On the scale 1 to 10, what is your stress level? \_\_\_\_\_ Your Blood Type? \_\_\_\_\_  
**Vegetarian?** \_\_\_\_\_ For how many years? \_\_\_\_\_ eggs and dairy? \_\_\_\_\_ Or Vegan? \_\_\_\_\_ Raw food %i n diet \_\_\_\_\_  
**Frequency of consumption?** Poultry \_\_\_\_\_ Fish \_\_\_\_\_ Redmeat \_\_\_\_\_ Dairy \_\_\_\_\_  
 Eggs \_\_\_\_\_ Flour products/Bread \_\_\_\_\_ Caffeine \_\_\_\_\_ Sugar \_\_\_\_\_  
 Salt \_\_\_\_\_ artificial Sweeteners \_\_\_\_\_ ColaPop \_\_\_\_\_ Alcohol \_\_\_\_\_  
 Do you buy organic grown foods \_\_\_\_\_ Do you by GMO products \_\_\_\_\_  
 Take Medical Drugs? (please list) \_\_\_\_\_  
 Take Herbal and/or nutritional supplement \_\_\_\_\_

**HEALTH CONDITIONS**

Any Problems with: Constipation, Diarrhea, Abdominal pain, Hemorrhoids, Gas ? (please circle)  
 How often do you have a bowel movement? \_\_\_\_\_  
 Any other colon problems?  
 now \_\_\_\_\_  
 Have taken antibiotics in the past? \_\_\_\_\_ Chemical laxatives? \_\_\_\_\_ Birth control? \_\_\_\_\_  
 Food allergies or food restriction \_\_\_\_\_  
 Diagnosed health condition \_\_\_\_\_ Hepatitis/HIV \_\_\_\_\_ if yes Type \_\_\_\_\_  
 Do you have, or carrie, of an infectious disease \_\_\_\_\_ if so what \_\_\_\_\_ Bleeding \_\_\_\_\_

**CONTRAINDICATION for Colon hydrotherapy:**

**Presently , if past how long ago - Please circle**

Cancer of the Colon Or GI tract	yes / no	Recent colon or rectal surgery	yes / no
Acute abdominal pain	yes / no	Vascular aneurysm	yes / no
Recent history of GI bleeding	yes / no	Renal insufficiency	yes / no
Congestive heart failure	yes / no	Epilepsy or psychoses	yes / no
Uncontrolled Hypertension	yes / no	Cirrhosis	yes / no
History of Seizures	yes / no	Carcinoma of the rectum	yes / no
Abdominal surgery	yes / no	Severe hemorrhoids	yes / no
Diverticulitis	yes / no	Intestinal perforation	yes / no
Recent Heart attack	yes / no	Fissures or fistula	yes / no
General Debilitation	yes / no	Abdominal hernia	yes / no
		Pregnancy	yes / no

**How did you hear about our office ?**

Doctor Referral(name) \_\_\_\_\_ Internet \_\_\_\_\_ Add \_\_\_\_\_ other \_\_\_\_\_ ND \_\_\_\_\_ Friend \_\_\_\_\_

All Information will be held in strict confidence. this information may help your therapist to assist you better in your quest for optimal colon hydrotherapy results. It is not intended to diagnose or prescribe and is not a replacement for your regular medical attention by your physician. I have read the contra indication for colonics irrigation listed above and with my signature below i testify that I DO NOT HAVE ANY of the listed conditions.

Please print your name: \_\_\_\_\_ Signature \_\_\_\_\_  
 Address: \_\_\_\_\_ date \_\_\_\_\_ telephone \_\_\_\_\_

