

Healthworks

NUTRITION CENTRE

Lavage – Colon Hydrotherapy – Health and Lifestyle Questionnaire

Name: _____ Date: _____

Address: _____ City: _____ Prov. _____ Postal Code: _____

Email: _____ Date of Birth: mo/ day/ year Sex: M / F

Cell#: _____ Other Phone#: _____ Home Work

How did you find us? Referred Internet search Instagram Facebook Other _____
 In order to thank them, by whom were you referred?

Have you ever had Colon Hydrotherapy? Y/N
 How did you hear about Lavage Colon Hydrotherapy?

What ailments or discomforts bring you here today?	What objective do you want to achieve?
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Outgoing matter - BOWEL Movements

#/day:	Do you have to strain? Y/N	Do you have hemorrhoids? Y/N
Meals/day:	Do you have rectal bleeding?	

Ingoing matter - FOOD *Mark the percentage (%) of your entire intake as it relates to your daily diet.*

Meat	Dairy	Organic
Veggies	Beans/Legumes	Non-Organic
Fruits	Cooked	Fresh/Raw
Grains/Bread	Junk food (sweets, fried food, soft drinks, savory treats, etc..)	
WATER: check the type of water you drink below: <input type="radio"/> Distilled <input type="radio"/> Filtered <input type="radio"/> Spring <input type="radio"/> Well <input type="radio"/> Tap <input type="radio"/> Reverse Osmosis		How many glasses/day?
Current Herbal/Vitamin Supplements:		

Have you ever been on antibiotics for an extended period? Y/N Year: _____

Do you have amalgam (mercury) fillings in your teeth? Y/N How many: _____ Date of insertion: _____

Do you have allergies? Y/N List: _____

What is your blood type? A / B / O / AB +/-

WORK and RELAXATION

Occupation:	How do you relax?			
Hours/week:	Hours/week:			
Do you smoke?	How many/day?	Daily fresh air & sunshine:		
Do you drink?	Wine	Beer	Other	How often?
How often do you exercise/wk?		Type of exercise you engage in:		

Please check if you have the following (possible contraindications for colonics (and possibly enemas))

- | | | |
|--|--|---|
| <input type="checkbox"/> Abdominal hernia | <input type="checkbox"/> Abdominal Surgery (some) | <input type="checkbox"/> Acute Abdominal Pain |
| <input type="checkbox"/> Acute Crohn's disease | <input type="checkbox"/> Carcinoma of the rectum | <input type="checkbox"/> Cirrhosis of the liver |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Diverticulitis (juice fasting and enemas can help) |
| <input type="checkbox"/> Epilepsy or Psychoses | <input type="checkbox"/> General severe debilitation | <input type="checkbox"/> Fissures or Fistulas of the anus or intestine |
| <input type="checkbox"/> History of seizures | <input type="checkbox"/> Hypertension – uncontrolled | <input type="checkbox"/> Intestinal perforation |
| <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Recent colon or rectal surgery |
| <input type="checkbox"/> Recent Heart attack | <input type="checkbox"/> Rectal or abdominal tumors | <input type="checkbox"/> Recent history of GI or rectal bleeding |
| <input type="checkbox"/> Severe hemorrhoids | <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Vascular aneurism |
| <input type="checkbox"/> Telescoped intestines (intussusceptions) Gas enemas are used for this problem | | |

CONSENT AND ACKNOWLEDGMENT

I, the undersigned, hereby understand and acknowledge that Lavage Colon Hydrotherapy has not and is not prescribing (order for use of medicine) for me at any time and I will not hold the above accountable for such. The therapist is helping me with natural hygiene at my own request.

I, the undersigned, understand that Candice Ellery is not a medical practitioner and does not diagnose, treat or give medical advice.

I understand that no guarantees concerning the results of colon treatments may be obtained from consultation with Candice Ellery.

I, the undersigned, have read all the contraindications provided by Candice Ellery for colonics and agree that I don't have any of the contraindications.

Dated this _____ day of __, 20____.

_____ Signature

_____ (Please print name)

_____ Parent/Guardian Signature (If under 18 years old)

The use of any recording devices is strictly prohibited WITHOUT the express written consent of Healthworks Nutrition Centre