### **Colonic Intake Form**

**Patient Information**

Date \_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Middle Initial

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hm Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_M \_\_F \_\_Single \_\_Married \_\_Long Term Partner \_\_Divorced \_\_Widowed \_\_Separated

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, who should we contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Visit**

Please state your present concerns in order of their significance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**

List medications you are currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

Please list any allergies you may have to: Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happens when you have an allergic reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever been tested for food allergies? \_\_Y \_\_N Method?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elimination Assessment**

Bowel Movements: \_\_\_\_\_\_\_ to \_\_\_\_\_\_ times per day.

Do you use a stool softener, laxative or herbal laxative? \_\_Y \_\_ N

**Stools are:** \_\_\_ Soft, well formed \_\_\_ Large, hard \_\_\_ Large (2”x 6”L) \_\_\_ Difficult to pass \_\_\_ Medium (1”x4”)

\_\_\_ Diarrhea \_\_\_ Loose, not watery \_\_ Often float \_\_\_Thin, long, narrow \_\_ Sink \_\_\_ Alt between constipation and diarrhea

**Stool Odor:** \_\_\_ Offensive usually \_\_\_Occasionally\_\_\_ Little Odor

**Daily gas** \_\_\_Y \_\_\_N **Daily bloating** \_\_\_Y \_\_\_N **Stool Color:** \_\_\_ Brown \_\_\_ Yellow brown \_\_\_ Dark or black \_\_\_ Greasy\_\_\_ Shiny \_\_\_ Mucous \_\_\_ Blood \_\_\_ Greenish \_\_\_ Varies

Have you ever had internal bleeding? \_\_Y \_\_ N When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had rectal bleeding? \_\_Y \_\_ N When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a barium enema? \_\_Y \_\_ N When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been diagnosed with cancer?** \_\_\_Y \_\_\_N

**If yes, have you had Chemotherapy or Radiation ?** Present \_\_\_\_\_ Past\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_

***What is a Contraindication? A contraindication is a specific health condition in which a Drug, Disease, Procedure, Treatment or Surgery is inadvisable, as it may be harmful to the health of the client/patient.***

**Contraindications: {✓} and Date if ever had any of the following Please Check {✓}**

**DATE DATE**

**\_\_\_\_ Abdominal Hernia \_\_\_\_ Dialysis Patient \_\_\_ Hemorrhoids**

**\_\_\_\_ Abdominal urgery \_\_\_\_ Diverticulosis/ Diverticulitis \_\_\_ Internal \_\_\_ External**

**\_\_\_\_ Abnormal Distension \_\_\_\_ Fissures & Fistulas \_\_\_ Rectal/ Blood in Stool**

**\_\_\_\_ Acute Liver Failure \_\_\_\_ Hemorrhaging \_\_\_\_ Recent Colonoscopy**

**\_\_\_\_ Anemia \_\_\_\_ Hemorrhoidectomy \_\_\_\_ Use Laxatives**

**\_\_\_\_ Aneurysm- All Types \_\_\_\_ Intestinal Perforations \_\_\_\_ BM Painful / Difficult**

**\_\_\_\_ Cancer-Type\_\_\_\_\_\_\_ \_\_\_\_ Lupus \_\_\_\_ Burning/ Itching Anus**

**\_\_\_\_ Cardiac Condition \_\_\_\_ Pregnant- (due date\_\_\_\_) \_\_\_\_\_ Constipation/ Diarrhea**

**\_\_\_\_ Crohns Disease \_\_\_\_ Rectal/ Colo Surgery \_\_\_\_ Vomiting \_\_\_ Bloating**

**\_\_\_\_ Colitis \_\_\_\_ Renal Insufficiencies \_\_\_\_ High Blood Pressure**

**\_\_\_\_ Infectious Disease \_\_\_\_ Date of Last Menstrual \_\_\_\_ Allergic to Latex**

**\_\_\_\_ Bladder Infection**

**\_\_\_\_ Other**

### **Patient’s Waiver**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that particular charges are not billable to my health insurance, including charges for:

1. Cancellation charge ($35.00 for less than 24 business hour’s notice)

2. Colon Hydrotherapy (NEVER billable to insurance)

3. Therapeutic Injection (B-12, Mesotherapy, Neural therapy, Prolo therapy, etc)

4. Wet sheet wrap

5. Supplements

I understand that I am financially responsible for all charges (listed above) at the time of service.

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_