

Halifax Hydrotherapy and Holistic Health

5555 Sullivan St. Halifax, NS (In the Total Kneads Clinic)
902.479.1144

Contact Information

Name: _____ Today's Date: _____

Age: _____ Birthday: _____

Address: _____ City: _____ Prov: _____ PostalCode: _____

Telephone: Home: _____ Work: _____ Cell: _____

(please indicate your preferred number in case we need to contact you)

May we contact you by email? E-mail Address: _____

Who may we thank for referring you to this office? _____

Are you currently undergoing any other Therapy (i.e. Massage, Chiropractic, Medical) at this time? _____ (please list if so) _____

Have you ever had any Colon Therapies before? _____ When? _____

What is your intention for having a Colonic? _____

Have you had any major illnesses or laboratory testing (colonoscopy etc.) done in the last 4 months:

Please list any past or present health complaints or surgeries which may be relevant to your session today.
Or anything you wish to share

What is your blood type? A/B/O, positive/negative? _____

Please check the appropriate amount for the following:

	More than 3x a week	Less than 3x a week	Sometimes
Take time to relax			
Outside in the sunshine			
Tea (non herbal)			
Drugs- specify			
Exercise			
Sleep (7-8 hours)			
Eat Vegetables			
Dark Leafy Green Veggies			
Grains (brown rice, quinoi etc.)			
Raw nuts/seeds			
Fruit			
Fish			
Water (not including juice, tea, etc.)			
Alcohol			
Coffee			
Soft Drinks			
Sugar (refined)			
Natural Sweetners What kind?			
Wheat (bread, pasta, whole wheat etc)			

Water supply is Tap_____ well_____ Bottled_____ Filtered_____

Stool Status: Daily: y/ n
 Strain y/n
 Complete/well formed y/n

A contraindication is any indication or symptom that makes it inadvisable to use a particular therapy. The following are contraindications for colon hydrotherapy. If any of these apply to you we are not able to treat you with colon hydrotherapy at the present time. If you have any of these contraindications you may still be eligible to receive colon hydrotherapy once they have subsided or been eliminated or if you are under the order, guidance and supervision of a qualified physician working with Halifax Hydrotherapy & Holistic Health. Please call if you have any questions.

Cancer of the Colon or GI (gastro intestinal) Tract	Diverticulitis (* please call)
Acute Abdominal Pain	Recent Heart Attack
Recent History Of GI or Rectal Bleeding	General Debilitation
Congestive Heart Failure	Vascular Aneurysm
Uncontrolled Hypertension	Renal Insufficiency
History of Seizures	Epilepsy or Psychoses
Carcinoma Of The Rectum	Severe Hemorrhoids
Abdominal Surgery	Cirrhosis
Intestinal Perforation	Fissures or Fistula (* please call)
Abdominal Hernia	Pregnancy
Recent Colon Or Rectal Surgery	Ulcerative Colitis (* please call)
Rectal or Abdominal Tumors	Acute Crohn's Disease

Please place your initials to confirm that you have read and understand all of the contraindications for Colon Hydrotherapy. Since the therapist is not licensed to diagnose disease states, I, the client take full responsibility for the status of my health and choose of my own free will to go ahead and have a colonic session performed. I, the client, also agree to let the therapist know of any changes to my health status with regard to future bookings:

* (initials please)

Please list medications and nutritional supplements supplements:

<u>Medication/Supplements (includes vitamins)</u>	<u>Frequency/Dosage</u>	<u>Reason</u>

Review of Systems: (please leave blank if it doesn't apply)

	<u>Yes</u>	<u>No</u>	<u>Explain</u>
Are you or could you be pregnant?			
Do you have hemorrhoids?			
Do you have rectal bleeding?			
Do you have any kidney problems?			
Do you have any heart problems?			
Do you have diarrhea or constipation?			

Cont:

	Yes	No		Yes	No
Anal Fissures/fistula			Hemorrhoids		
Aneurysm			Hernia (abdominal/inguinal)		
Colon cancer			Kidney Dialysis		
Colon surgery			Pregnancy		
Colonoscopy			Rectal Bleeding		
Dysentery			Ulcerative Colitis		
Gastroenteritis					

Adhesions			Headache		
Allergies			Heart problems		
Anorexia/Bulimia			Hepatitis		
Bloating			Hypoglycemia		
Blood Pressure	High	Low	Kidney problems		
Cancer			Recent Injuries		
Candida			Leaky Gut Syndrome		
Chronic Fatigue Syndrome			Osteoporosis		
Diabetes			Parasites		
Gas/Flatulence			Polyps		
Fibromyalgia			Skin Problems		
			Stomach problems		

Please list any other information you feel is relevant: _____

CANCELLATION POLICY:

Appointments you select are reserved especially for you. We understand that you may need to make a change to your scheduled appointment and request you give us a 24 hour notice to cancel or reschedule. You will lose one session from your prepaid package or you will be charged 50% of the missed service if you change/cancel your appointment without the aforementioned minimum notice.

This request for information does not in any way imply the practice of medicine or diagnosis or a client's condition by the therapist. The therapist reserves the right to restrict services to or decline acceptance of any client. This is to certify that I am requesting services on my own initiative and I realize that the therapist and Halifax Hydrotherapy and Holistic Health do not diagnose ailments or prescribe treatments. This is purely a hygienic treatment that I have requested.

Please initial _____

To the best of my knowledge all the above information on my health history is accurate and true.

Signature: _____

Date: _____

