

Client Health Questionnaire

Yes No Occasionally Do you suffer from constipation? How Long? _____

Yes No

Do other members in your family suffer from constipation? (Parents, siblings etc.) _____

Yes No

Do you suffer from diarrhea?

Do you suffer from alternating periods of constipation and diarrhea?

Do you suffer from hemorrhoids? (circle all that apply) Internal/ External / Both – Mild / Moderate / Severe

Have you ever had hemorrhoids surgically corrected? When? _____

Do you take laxatives? What type? _____ How often? _____

Do you take diuretics? What type? _____ How often? _____

Do you take fiber? What type? _____ How often? _____

Do you take stool softeners? What type? _____ How often? _____

Have you ever taken psyllium? When? _____

Do you strain to have a bowel movement?

How often do you have a bowel movement? _____

Colon hydro-therapy is a process, not a quick cure. Multiple sessions combined with good eating habits and regular exercise is necessary to achieve optimum results. It is advised before beginning diet, exercise, or complimentary modality, to discuss it with your physician.

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate.

(Print Name)

(Signature)

(Date)

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