

HEALTH QUESTIONNAIRE

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (home) _____ (work) _____

Occupation: _____ E-mail: _____

Date of Birth: _____ Age: _____

Marital Status: _____ Sex: M F

Medications: _____

Allergies: _____

Supplements (include laxatives): _____

Name of Physician: _____

Source of Referral: _____

How did you learn of Colon Hydrotherapy Treatment?: _____

What do you expect to achieve from this appointment for Colon Hydrotherapy Treatment?: _____

DAILY HABITS	HEAVY	MODERATE	LIGHT
Alcohol			
Coffee			
Tobacco			
Drugs			
Sleep			
Appetite			
Water Intake/Day			
Vegetables			
Dairy Products			
Exercise			
Stress Management			

GENERAL**(Please check)**

- Headaches
- Insomnia
- Loss of weight
- Dizziness
- Fainting spells
- History of seizures
- Fatigue
- Depression
- Enlarged thyroid
- Double/blurred vision
- Other

GASTRO INTERTINIAL**(Please check)**

- Colitis
- Constipation
- Crohn's Disease
- Ulcerative Colitis
- Diverticulitis
- Diverticulosis
- Gall Bladder Disease
- Hemorrhoids
- Fissures/Fistulas
- Liver trouble
- Cirrhosis
- Rectal bleeding
- Vomiting of blood
- Cancer
- Family history of colon cancer

RESPIRATORY**(Please check)**

- Shortness of breath
- Chronic cough
- Vomiting blood
- Emphysema
- Bronchitis
- Asthma (wheezing)

MUSCLE AND JOINT**(Please check)**

- Arthritis
- Bursitis
- Low back pain
- Neck pain
- Other pain
- Swollen joints

CARDIOVASCULAR**(Please check)**

- High blood pressure
- Hardening of the arteries
- Angina (chest pain)
- Poor circulation
- Rapid heart beat
- Irregular heart beat
- Congestive heart failure
- Swelling of ankles

SKIN**(Please check)**

- Bruising
- Dryness
- Itching
- Rash

GENITO-URINARY**(Please check)**

- Kidney infection or stone
- Painful urination
- Prostate trouble (male)
- Kidney failure

WOMEN**(Please check)**

- Painful menstruation
- Date of last menstrual period: _____
- Vaginal discharge
- Breast pain
- Are you pregnant?
Yes _____ No _____

SURGERYS**(Please list all)**
