



**REBECCA WAGGONER**, Colon Therapist  
**(360) 480.1493**  
12517 Moes Road SE  
Rainier, WA 98576

## CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate treatment, we need for you to complete the following questionnaire. All information is strictly confidential.

### Personal History

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Text Number: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Medical History

Are you now under a doctor's care? \_\_\_\_\_ If yes, please state reason and treatment: \_\_\_\_\_

Prescription medication(s): \_\_\_\_\_

For what ailments: \_\_\_\_\_

List your major physical complaints: \_\_\_\_\_

List year and type of all operations and major illnesses: \_\_\_\_\_

List Allergies: \_\_\_\_\_

Recreational drugs?  Yes  No Alcohol Use?  Yes  No

Do you have hemorrhoids?  Yes  No Do you have rectal bleeding?  Yes  No

Rectal surgery?  Yes  No If yes, when and why? \_\_\_\_\_

Are you pregnant?  Yes  No



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Is there a history of Colon Cancer in your family?  Yes  No

Have you ever had Colon Therapy?  Yes  No If so, when and where: \_\_\_\_\_

Do you exercise?  Yes  No How often do you have a bowel movement? \_\_\_\_\_

Do you strain?  Yes  No Do you take a stool softener or laxative regularly?  Yes  No

How many 8 oz. glasses of water do you drink per day? \_\_\_\_\_

Please state your reason for and expectations from having Colon Hydrotherapy? \_\_\_\_\_

**You MUST check (yes or no) for all the following  
 CONTRAINDICATIONS**

	Yes	No		Yes	No		Yes	No
1st Trimester of Pregnancy			Chemo/radiation treatment			Renal Insufficiency		
Abdominal Hernia			Cirrhosis			Severe Anemia		
Advanced Pregnancy			Colon Surgeries			Severe Cardiac Disease		
AIDS/HIV			Crohn's Disease			Severe Diverticulitis		
Aneurysm			Fissures/Fistulas			Severe Hemorrhoids		
Cancer			GI Hemorrhage/Perforation			Ulcerated Colitis		

If yes on any of the above, please explain and give date of diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the contraindication currently active?  Yes  No

How frequently do you consume the following (per week): Red meat \_\_\_\_\_ Poultry \_\_\_\_\_ Fish \_\_\_\_\_

Dairy \_\_\_\_\_ White Bread \_\_\_\_\_ Fruits \_\_\_\_\_ Vegetables \_\_\_\_\_ Soda/Pop \_\_\_\_\_ Natural Juicing \_\_\_\_\_

Grains \_\_\_\_\_ Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Cigarettes \_\_\_\_\_ Fast Foods \_\_\_\_\_

Do you use laxatives?  Yes  No What kind and how often? \_\_\_\_\_

How many bowel movements per week? \_\_\_\_\_ In pain?  Yes  No Where? \_\_\_\_\_

Are you on a special diet?  Yes  No If so, what describe? \_\_\_\_\_

How did you hear about our services?  Phone Book  Internet  Facebook  Friend/Family  Other \_\_\_\_\_



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## **AGREEMENT** (Please read and sign)

The Practitioner giving me a colon hydrotherapy session does not provide medical services of any kind.

Clients are expected to seek and use such medical services as may be required from a physician.

The service of colon hydrotherapy is not designed to diagnose, treat or cure any disease or medical condition.

Any medication or other supplementation prescribed by your physician should be continued.

I understand colon hydrotherapy is **NOT** a medical procedure and will not be covered by medical insurance.

Please understand that in answering questions we do not diagnose or prescribe, but offer nutritional information only to help you to cooperate with your doctor in your mutual quest of building good health. In the event you use this information or service without your doctor's approval you are prescribing for yourself which is your constitutional right, but we assume no responsibility.

**I have read, understood and agree with the above statement.**

Please Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read and acknowledge by your initials:**

Once you have scheduled an appointment, that time and date have been reserved for you! To cancel or reschedule, please call 24 hours prior to your appointment time.

I have read and understand the above statements: Client's initials: \_\_\_\_\_ Date: \_\_\_\_\_