



200 Fourth Street, Suite A, Petaluma, CA 94952

Phone and Fax 707.778.2212

E-mail epiphany@sonic.net www.PetalumaHealingArts.com

APPOINTMENT DATE / /

Client Intake Form

Please fill out to the best of your ability, sign, date and bring with you to your first appointment.

Name _____ Birth date / / Age _____

Address _____
Street City State Zip

Phone: Home () Work () Mobile ()

Occupation _____ E-mail _____

Where did you find out about Grace? _____

Have you had colon hydrotherapy before? Yes No If yes, when? _____

How many times a day or week do you have a bowel movement? _____

Have you ever been treated for a pathology of the colon? Yes No If yes, describe _____

Do you ever observe blood or mucus in your stool? Yes No

Do you ever experience diarrhea or constipation? Yes No If yes, please describe: _____

Do you have any immune system disorders? HIV+ AIDS Other _____

Do you have any family history of colon problems? Yes No If yes, please describe: _____

Do you have high blood pressure? Yes No Low blood pressure? Yes No

Please describe any surgery you have had? _____

Please list all medications: _____

What symptoms would you like to improve? _____

How do you feel today? _____

Please list the food you have eaten regularly in the last month: Is this your typical diet? Yes No

What snacks and foods do you crave? _____

Do you eat late at night? Yes No Please describe: _____

Is your diet high in fiber or bulk? What kinds? _____

Do you take laxatives? Yes No What kinds? _____

Do you take any dietary supplements or herbs? Yes No If so, please describe: _____

Do you desire nutritional and herbal guidance or support? Yes No

When was the last time you took antibiotics? _____ How much water do you drink a day? _____

Please check the following if you have had them in the last week:

Coffee Other Caffeine Alcohol Soda Sugar Tobacco Fast Foods Fried Food

Do you sleep well? Yes No How many hours a night? _____

What are the stresses in your life? _____

What activities help you with stress reduction? _____

How often do you do these activities? _____ Do you exercise regularly? How? _____

Are you currently under a physician's care? Yes No If yes, why? _____

Prioritize the following list using the numbers 1-5 (1 being most important):

Work Family Self Care Meal Planning Spiritual Practice

Client Intake Checklist

CONTRAINDICATIONS

Some health conditions would contraindicate colon hydrotherapy. In order to determine whether any of these relate to you, please check YES or NO for the following. If it was in the past, please write P and year.

Are you pregnant? If so, how many months?

Hyper/Hypothermia Yes No

Colitis Yes No

Mucous Colitis Yes No

Ulcerative Colitis Yes No

Bleeding Colitis Yes No

Chrohn's Disease Yes No

Acute Fecal Impaction Parasitic Infections Yes No

Acute Fistula Yes No

Diverticulosis Yes No

Intestinal Ulcers Yes No

Diverticulitis Yes No

Aneurysm Yes No

Severe Hemorrhoids Yes No

Hypertension Yes No If yes, is it controlled?

What was your last blood pressure reading?

Gastrointestinal Hemorrhage Yes No

Rectal Fissure Yes No

Gastrointestinal Perforation Yes No

Congestive Heart Failure Yes No

Cirrhosis of the Liver Yes No

Kidney Insufficiency or Failure Yes No

Abdominal Hernia Yes No

Recent Colon or Rectal Surgery Yes No

Acute Anemia Yes No

Recent Abdominal Liposuction Yes No

Abdominal Radiation Yes No

Colon Cancer Yes No

Irritable Bowel Syndrome Yes No

Chronic Abdominal Pain Yes No

Spastic Colon Yes No

Acute Inflammatory Pathology of the Colon Yes No

Rectal Fistula Yes No

Every therapy, service and product described or presented by Grace Kingsley is NOT a cure for any disease, ailment or health condition. NO MEDICAL CLAIMS are expressed/implied, either directly or indirectly. I do not diagnose, treat or prescribe. I, _____, agree that the above information is accurate to the best of my knowledge. I give Grace Kingsley permission to provide colon hydrotherapy. I am aware of and do not have any of the above listed contraindications. I am aware of my 9th Amendment Rights to practice alternative health modalities, and agree that I am responsible for my health and the services received here.

Signature of Client

Date of Signature

Signature of Colon Hydrotherapist

Date of Signature

We appreciate your patience and honesty in filling out this form