

Intake Form & Waiver

First Name: Jenn Last Name: Church

Address: 118 Buttons Row St Apt #: \_\_\_\_\_

City: Bowmanville Postal Code: L1C0J8

Email: jchurchville@hotmail.com

Telephone (Home): \_\_\_\_\_ (Cell): 405-767-2285

Date of Birth (mm/dd/yy): 11/25/84 81 Occupation: Marketing

Are you on medication? (Y/N) Y If yes, please list: Keppra (seizures)

Do you take Natural Supplements (Y/N)? Y If yes, please list: Dysbiotix - (peppermint/oregano)

Do you need diet/nutritional advice? (Y/N) Y Are you interested in weight loss? (Y/N) YES

What kind of exercise do you do? cardio/weights Blood Type: A+

What brings you in for colon therapy? constipation, bloating, gas

What is your current level of stress (check one)? Minimal \_\_\_\_\_ Average \_\_\_\_\_ High ✓

How many hours do you sleep in the night? 6-7 Comments: poor quality

Are you Pregnant (Y/N)? N If yes, how far along are you? \_\_\_\_\_

Do you Smoke (Y/N)? N If yes, for how long? \_\_\_\_\_ How many cigarettes per day? \_\_\_\_\_

Have you had any operations? NO If yes, please specify: \_\_\_\_\_

Are you currently on a cleanse (Y/N)? \_\_\_\_\_ If yes, what kind? Legendix

Check off the items you consume the most of:

Red Meat \_\_\_\_\_ Poultry ✓ Fish ✓ Vegetables ✓ Fruit ✓ Dairy some Wheat some Fast food \_\_\_\_\_ Sweets \_\_\_\_\_  
Coffee \_\_\_\_\_ Tea ✓ Alcohol ✓ Pop \_\_\_\_\_ cheese 3x/wk.

How many glasses of water do you drink per day? 8 weight 125 pounds

Please check any of the following that apply to you:

IBS ✓ Colitis \_\_\_\_\_ Crohn's \_\_\_\_\_ Ulcers \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Polyps \_\_\_\_\_  
Gallstones \_\_\_\_\_ Kidney stones \_\_\_\_\_ Anal Fissure \_\_\_\_\_ Haemorrhoids ✓ Intestinal Perforation \_\_\_\_\_

Do you experience the following difficulties (check which apply):

Constipation ✓ Bloating ✓ Gas ✓ Heartburn \_\_\_\_\_ Burping \_\_\_\_\_ Diarrhea \_\_\_\_\_ Haemorrhoids ✓  
Abdominal Pain ✓ Fatigue ✓ Headache \_\_\_\_\_ Joint Pain ✓ Rectal Bleeding \_\_\_\_\_

Allergies \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Stool Indicators (check which applies):

Bowel Movements: Per day: 0-? Per week: 2  
What is the consistency? Thin \_\_\_\_\_ Watery ✓ Well-formed \_\_\_\_\_ Hard \_\_\_\_\_ Mucous \_\_\_\_\_  
Strong smell \_\_\_\_\_ Oily \_\_\_\_\_ Floating \_\_\_\_\_ Describe colour dark

Is there anything else you wish to discuss? daily painful bloating - poor digestion

How did you hear about us? google If someone referred you, please tell us who: \_\_\_\_\_

*lifetime of issues  
3 Mo's ago got worse with issues  
Domenican NOV 2019*

*TY 11/31*