

VITALITY SOURCE INTERNAL CLEANSE AND DETOX STUDIO

2351 Kennedy Road, Unit 126, Scarborough, Ontario, M1T 3G9 TEL: 416-291-4437

Intake Form & Waiver

First Name: Sergio Last Name: [REDACTED]

Address: [REDACTED] Apt # [REDACTED]

City: [REDACTED] Postal Code: [REDACTED]

Email: [REDACTED]

Telephone (Home) [REDACTED] (Cell): [REDACTED]

Date of Birth (mm/dd/yy): [REDACTED] Occupation: [REDACTED]

Are you on medication? (Y/N) Y If yes, please list: PROZAC (4R) METHADONE SINCE 2010

Do you take Natural Supplements (Y/N)? Y If yes, please list: Fish oils

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

What kind of exercise do you do? walk 30 minutes daily Blood Type: [REDACTED]

What brings you in for colon therapy? stomach pain, lack of bowel movement

What is your current level of stress (check one)? Minimal [REDACTED] Average [REDACTED] High ✓

How many hours do you sleep in the night? 2 Comments: [REDACTED]

Are you Pregnant (Y/N)? N If yes, how far along are you? [REDACTED]

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

Have you had any operations? X If yes, please specify: [REDACTED]

Are you currently on a cleanse (Y/N)? N If yes, what kind? [REDACTED]

Check off the items you consume the most of:

Red Meat [REDACTED] Poultry ✓ Fish ✓ Vegetables [REDACTED] Fruit ✓ Dairy ✓ Wheat ✓ Fast food ✓ Sweets [REDACTED]
Coffee [REDACTED] Tea ✓ Alcohol [REDACTED] Pop [REDACTED]

How many glasses of water do you drink per day? 4-5 weight = 200 LBS

Depression

Please check any of the following that apply to you:

IBS [REDACTED] Colitis [REDACTED] Crohn's [REDACTED] Ulcers [REDACTED] Diverticulitis [REDACTED] Diabetes [REDACTED] Polyps [REDACTED]

Gallstones [REDACTED] Kidney stones [REDACTED] Anal Fissure [REDACTED] Haemorrhoids [REDACTED] Intestinal Perforation [REDACTED]

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

Constipation ✓ Bloating ✓ Gas ✓ Heartburn ✓ Burping ✓ Diarrhea [REDACTED] Haemorrhoids [REDACTED]

Abdominal Pain ✓ Fatigue [REDACTED] Headache ✓ Joint Pain [REDACTED] Rectal Bleeding [REDACTED]

Allergies [REDACTED] If yes, please specify [REDACTED]

Stool Indicators (check which applies):

Bowel Movements: Per day: 0 Per week: 0-1 only with suppositories

What is the consistency? Thin [REDACTED] Watery [REDACTED] Well-formed [REDACTED] Hard [REDACTED] Mucous [REDACTED]

Strong smell [REDACTED] Oily [REDACTED] Floating [REDACTED] Describe colour [REDACTED]

Is there anything else you wish to discuss? IMPOSSIBLE TO GET IT OUT - DEPRESSION

How did you hear about us? [REDACTED] If someone referred you, please tell us who: [REDACTED]

Client Intake Form Colonics 3 wks since last movement