

VITALITY SOURCE INTERNAL CLEANSE AND DETOX STUDIO

64 Glen Watford Drive, Scarborough, ON, M1S 2C5 TEL: 416-291-4437

Intake Form & Waiver

First Name: TASHIA Last Name: [REDACTED]

Address: [REDACTED] Apt #: _____

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) N If yes, please list: _____

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

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

What kind of exercise do you do? _____

What brings you in for colon therapy? CONSTIPATION

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

How many hours do you sleep in the night? 4-6 HRS. Comments: _____

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)? N If yes, what kind? _____

Check off the items you consume the most of:

Red Meat ✓ Poultry _____ Fish _____ Vegetables _____ Fruit _____ Dairy _____ Wheat _____ Fast food ✓ Sweets _____
Coffee _____ Alcohol ✓ Pop _____

How many glasses of water do you drink per day? 3

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: _____ Per week: 3-4
What is the consistency? Thin _____ Watery _____ Well-formed _____ Hard ✓ Mucous _____
Strong smell ✓ Oily _____ Floating _____ Describe colour _____

Is there anything else you wish to discuss? _____

How did you hear about us? Brother 2 If someone referred you, please tell us who: _____

Wood - 930. 2 weeks from 22.