SOUTHWEST DAY SPA

Southwest Day Spa
1038 Beacon St, Suite 103
Brookline MA 02446
Phone: 617.730.5530

Health Intake Form

Name_____ Date_____

Address_____ City_____ State____ ZIP_____

Phone (circle preferred contact): Home_____ Cell_____

Email_____ Referred By_____

Height_____Weight_____ Date of Birth_____

Are you currently under a medical doctor's care?__ ___ Explain_____

Doctor's Name_____ Phone_____

List all surgeries and dates_____

List all medications (including over the counter)_____

List all supplements_____

The following conditions are contraindications for colon hydrotherapy unless under the supervision of a doctor.
Have you ever been diagnosed with any of the following? If so, please explain(Ask for extra paper)

___Aneurysm/Blood clot	**___Colitis**	**___Cardiac Disease**	**___Colorectal Cancer**
___Cirrhosis of Liver	**___Epilepsy**	**___Seizure Disorder**	**___Kidney Disease/Dialysis**
___Bleeding Hemorrhoids	**___Fissure**	**___Prostatitis**	**___Recent Abdominal Surgery (i.e. Gall**
___GI Hemorrhage	**___Crohn's**	**___Diverticulosis**	**Bladder/Appendix/Prostate Removal,**
___Abdominal Hernia	**___Fistula**	**___Rectocele**	**C-Section, Hysterectomy, etc.)**
___Uncontrolled Blood Pressure		**___PREGNANT? If so, colon hydrotherapy is not recommended.**	

Please put an "X" beside anything that is currently a health challenge. Put a "P" beside a past problem.

___Constipation	___Allergies	___Swollen Glands
___Diarrhea	___Parasites	___Prostatitis
___Hemorrhoids	___Yeast Infections	___Impaired Hearing
___Indigestion	___Insomnia	___Cysts/Tumors
___Belching	___Anemia	___Infections
___Flatulence/gas	___irritability	___Antibiotic Use
___Ulcers	___Hypoglycemia	___Birth Control Pills
___Diabetes	___Celiac Disease	___Arthritis (Osteo or Rheumatoid?)
___Sinus Problems	___Urination Problem	___Anorexia/Bulimia
___Headaches	___Hepatitis A-B-C?	___Autoimmune Disorder
___Fatigue	___Herpes I or II?	___Breast Implants (When? _____)
___Backaches (Upper or Lower?)	___Asthma/Bronchitis	___Mood Disorder
___Vision Problems	___Parkinson's	___Mental Illness
___Dizziness	___Cancer	___Water Retention
___Acid Reflux	___Hiatal Hernia	___Difficult Menstruation

How often do you have a bowel movement?_____ At what time of day? _____

Are they spontaneous?_____ Only after eating?_____ Requires straining?_____ Effortless?_____

Do you have hemorrhoids or other rectal problems?_____

How often do you use a laxative?_____ Herbal laxative?_____ Stool softener?_____ Suppositories?_____

Enemas?_____ Have you ever had rectal bleeding?_____ If yes, when?_____

Mark "Y" for Yes and "N" for No. **If yes, list amount and frequency.**

___Coffee_____
___Tea_____
___Carbonated Drinks_____
___Alcohol_____
___Tobacco_____
___Sugar/Salt Cravings_____
___Plain Water Intake per Day_____

___Diet Programs_____
___Vegetarian/Vegan_____
___Exercise (Type and Frequency?)_____
___Hours Sleeping_____
___Stress Management (Type?)_____
___Dairy Products_____
___(Source?)_____

How many mercury fillings do you have in your teeth?_____

How many root canals? _____ Date _____

What do you hope to achieve from this appointment?_____

I acknowledge that _____ is trained to administer colonics according to The International Association for Colon Hydrotherapy's (I-ACT) requirement regulations and guidelines. She is not a medical provider and does not diagnose nor prescribe.

I am voluntarily requesting the Colon Hydrotherapy treatment and
(__) DO want to insert the speculum on my own;
(__) DO NOT want to insert the speculum on my own.

Southwest Day Spa Informed Consent

Neither Southwest Day Spa nor its associates, do any of the following, whether implied or intended:

• We do not diagnose.

• We make no attempt to cure any condition.

• We make no claims or imply any claims that suggest a cure for any condition.

• We do not claim that any supplemental material we speak about will cure any condition, or that its purpose is to treat any condition.

• We do not prescribe or treat disease; however we do attempt to educate you in/on dietary recommendations and exercise, if it is not contradictory to the recommendations of your physician(s).

• I, the undersigned client, understand the above statements.

• I, as the undersigned client, understand that diet and nutrition is considered to be an inexact science, and that the results obtained are not always constant or predictable.

• I also understand that there is no guarantee of any results and that the opposite of my desired results may occur.

• Whether or not I participate in this procedure and/or program is my decision, based on my constitutional right of the Ninth Amendment. I must make all decisions relative to my well being and health.

• I further understand that Southwest Day Spa staff are not medical doctors and are not attempting to portray themselves or conduct the activities of medical doctors.

• I also understand that the medical device used in this procedure is intended for use in colon irrigation.

• Additionally, I understand the device used for the treatment is registered with the FDA and is intended for colon cleansing to promote general health and well being and when medically indicated, such as preparation for radiological or endoscopic examinations.

• I understand colonic hygiene is considered complementary to the recommendations and/or programs of my health care/medical professional(s).

_____

Signature **Date**

Please give a minimum 24 hour notice if cancelling or making changes to an appointment in order to avoid any charges on your credit card. The fee will be charged in the amount of the service reserved.
Your cooperation is much appreciated.
Thanks!

Southwest Day Spa & Wellness Center
1038 Beacon St #103-Brookline MA 02446
(617) 730-5530