

**Digestive & Therapeutic Wellness Centre**  
**449 Main Street West, Hamilton, Ontario L8P 1K5**  
**(phone) 905-540-1405      email: [info@colonspas.com](mailto:info@colonspas.com)**  
**website: [www.colonspas.com](http://www.colonspas.com)**  
**Confidential Intake Form**

Date: \_\_\_\_\_  
 How did you hear about us? Web  TV  Sign  Word of Mouth  Other?  
 \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone:  Home: \_\_\_\_\_  Cell: \_\_\_\_\_ (Carrier): \_-  
 \_\_\_\_\_  
**E-mail** :  \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_

**Please check box if you wish to join our e-mail list and be the first to know about what's going on at the Digestive & Therapeutic Wellness Centre such as specials, promotions, and information of a holistic, nutritional or therapeutic nature in our correspondence or Newsletters.**

**Please check box to unsubscribe.**

**Please place a check mark (✓) to indicate your service areas of interest:**

**Bio Meridian Body Testing:**

Food Sensitivity Screening  
 Vitamin & Mineral Deficiency Screening  
 Parasite & Candida Screening  
 Hormonal Balance  
 Organ Screening

**Services and Therapies:**

Colon Hydrotherapy  
 BioMeridian Assessments  
 Holistic Nutrition Consulting  
 Mental Wellness  
 Therapy & Counseling Services  
 Naturopathic Doctor

**Enhancing Wellness:**

PARAFLUSH  
 Foot Detox Soak  
 Foot Detox Wraps  
 Organ Detox Wraps  
 BACH Flower Remedies- Natural mental wellness  
 Mineral Mixtures  
 Essential Oil application and products

Massage Therapy  
 Hot and Cold Shell Massage  
 Micro Blading  
 Vegan Spray Tanning

**Beauty Services and Products**

Facials  
 Natural microdermabrasion scrubs  
 Peels  
 Eyelash extensions

**HOLISTICA SKIN CARE**

Manicures  
 Pedicures  
 Medical Pedicure

Lash Tint  
Body Wraps  
Cellulite and Stretchmark treatments

Waxing  
Sugaring

**PLEASE TAKE ADVANTAGE OF A FREE CONSULTATION FOR ANY OF OUR SERVICES OR TREATMENTS**

**What is your #1 health goal or concern at this time?**

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**What symptoms or health concern brings you to this appointment?:**

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**Please list any disease, illness or ailments you have been diagnosed with:**

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**Have you been hospitalized, or had surgery, or any organ(s) removed?**

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**List any medication you are currently taking (prescription and over the counter) along with the reason why you are taking it.**

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**List any supplements you take daily?**

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**Contraindications for colon hydrotherapy** and other digestive disorders please mark with a Y or N:

IBS \_\_\_\_\_ Colitis \_\_\_\_\_ Crohn's \_\_\_\_\_ Ulcer \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Polyps \_\_\_\_\_

Gallstones \_\_\_\_\_

Appendicitis \_\_\_\_\_ Kidney Stones \_\_\_\_\_ **Anal Fissure** \_\_\_\_\_ **Colon Cancer** \_\_\_\_\_ **Surgery** \_\_\_\_\_

**Hernia** \_\_\_\_\_

**Renal Failure** \_\_\_\_ **Liver cirrhosis** \_\_\_\_ **Hemorrhoids** \_\_\_\_ **Heart Failure** \_\_\_\_ **Are you pregnant?** \_\_\_\_  
**Intestinal perforation** \_\_\_\_

**Do you experience digestive difficulties (please check all those that apply):**

Bloating \_\_\_\_, Constipation \_\_\_\_, Heartburn \_\_\_\_, Gas \_\_\_\_, Burping \_\_\_\_, Diarrhea \_\_\_\_,  
 Abdominal pain \_\_\_\_, Fatigue \_\_\_\_, Headaches \_\_\_\_, Joint Pain \_\_\_\_  
 Do you use laxatives? \_\_\_\_\_ What kind and how often? \_\_\_\_\_ Do you use antacids?  
 \_\_\_\_\_

**Stool Indicators**

The following are helpful indicators of the health of your bowels as well as your overall health. Under each heading please circle all responses that apply to you over the last 6 months.

<b>Frequenc y</b>	<b>Consistenc y</b>	<b>Contents</b>	<b>Length</b>	<b>Width</b>	<b>Texture</b>	<b>Colour</b>	<b>Time</b>
Daily 1x - 2x - 3 x	Hard, dry	Mucous (white/ yellow)	6" or more	3"+ tubular	Smooth, Well formed	Light to dark brown	5 min or Less
Every 2 days	Firm	Fat floating	3-5" pieces	1" tubular	Thready, loose	Orange/ Yellow brown	5-15 min.
Weekly	Soft	Blood	Less than 3"	Dime thin or Less	Lumps Pressed together	Grey/Green	
Once/wk or less	Loose/ Watery	Bits of food	Chunks/balls	Varies	Varies	Black	

**Diet**

Are you on a cleanse or special diet? \_\_\_\_\_ Are you a vegetarian/vegan? \_\_\_\_ For how long?  
 \_\_\_\_\_

**How much of the following do you drink daily?** Water \_\_\_\_\_(Tap / Bottle/ Filtered) Coffee  
 \_\_\_\_\_

Black tea \_\_\_\_\_ Herbal tea \_\_\_\_\_ Juice \_\_\_\_\_ Pop \_\_\_\_\_ Alcohol \_\_\_\_\_ Beer \_\_\_\_\_  
Wine \_\_\_\_\_

**How many times in a week do you eat the following foods?** Meat (beef/chicken/eggs/fish) \_\_\_\_\_

Nuts \_\_\_\_\_

Fruit \_\_\_\_\_ Vegetables (raw) \_\_\_\_\_ (cooked) \_\_\_\_\_ Dairy \_\_\_\_\_ Baked Goods \_\_\_\_\_ Beans \_\_\_\_\_

White Flour products (rice, bread etc.) \_\_\_\_\_ Whole grains (quinoa, brown rice, oats, barley) \_\_\_\_\_

Do you have any food allergies?

\_\_\_\_\_

What foods do you crave?

\_\_\_\_\_

**Chemicals (Yes or No)**

Are/were you a smoker? \_\_\_\_\_ How many daily? \_\_\_\_\_ For how long? \_\_\_\_\_ If you quit, when? \_\_\_\_\_

Do you wear perfume? \_\_\_\_\_ Spray deodorant? \_\_\_\_\_ Do you take antibiotics at least once/year?

\_\_\_\_\_

Drink tap water? \_\_\_\_\_ Eat organic fruit and vegetables? \_\_\_\_\_ Use an air purifier? \_\_\_\_\_

Have you travelled in the last year? \_\_\_\_\_ Did you get ill on the trip or upon returning home?

\_\_\_\_\_

Have you done a parasite cleanse? \_\_\_\_\_ When? \_\_\_\_\_

**Emotions:** What is your current level of stress? Minimal \_\_\_\_\_ Average \_\_\_\_\_ Considerable \_\_\_\_\_

Are there any stressful circumstances in your life right now?

\_\_\_\_\_

How many hours of sleep do you get/night? \_\_\_\_\_ Do you wake feeling rested? \_\_\_\_\_

Do you experience (Y or N): Mood Swings? \_\_\_\_\_ Depression? \_\_\_\_\_ Anxiety? \_\_\_\_\_ PMS? \_\_\_\_\_

**Please check (✓) if you are consenting to have email correspondence regarding your Services, Assessments, Consultations or Customized Plans at the Digestive & Therapeutic Wellness Centre. Yes \_\_\_\_\_ No \_\_\_\_\_.**

I, the undersigned, hereby acknowledge that the personnel at the Digestive & Therapeutic Wellness Centre are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. Any recommendations I receive are not intended as primary therapy for any symptom or disease, but as a means of enhancing the quality of my diet. I understand that Colon hydrotherapy is a professional service which may provide information related to nutritional requirements, however this service is not a tool for the prevention, assessment or diagnosis, or treatment of any

particular illness or disease. The services I receive are initiated at my own request for reasons personal to me. I understand that all sessions and series I purchase are non-refundable and non-transferrable. I am responsible to be at my scheduled appointment on time. If I miss or cancel my appointment without giving 24 hours notice I agree to be charged a \$20 late cancellation fee by the Digestive & Therapeutic Wellness Centre to the valid credit card I have provided on file.

**Client signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Thank you for your cooperation.**

**All information in this form will be kept strictly confidential.**

Optional client statement: (re nutrition)

I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being, and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.