

Intake Form

Shanti Smith

Thrive Therapies

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Date _____ First Name _____ Surname _____

Address _____

City _____ Zip _____

Code _____

Telephone # (home) _____ (work) _____ (mobile) _____

Email _____

Emergency Contact: Name _____ phone # _____

Referred by: _____

Date of Birth _____ (day/month/year) or Age _____ Sex: M or F

Height _____ Weight _____

Blood Type _____ pH _____

Reason for visit/Symptoms/Complaint & for how long: _____

What have you done for it? _____

Have you experienced Colonic before? YES or NO Have you ever had a Colonoscopy?
YES or NO

Are you currently under a doctor's care? Who? If so, explain: _____

Recent Hospitalizations/Surgeries or Traumas: _____

Do you have any Unnecessary bleeding? Yes No

If yes, where, how often, and for how long? _____

Are you taking any medications? If so, what? _____

Do you have any Allergies? _____

Last Bowel Movement? _____ Daily Water Intake _____

List other therapies in which you are currently participating _____

Herbs/

Supplements: _____

What does your Diet consist of?

How well do you chew your food? _____

How much sugar do you eat?

What kind of exercise do you do?

What are your goals, intentions, or expectations from your session today?

Where is tension most evident in your body? (i.e. neck, shoulders, stomach)

What is your level of Stress?

0-----10 _____

What stresses you out?

Type of Employment: _____

Are you pregnant and if so How far along? _____

Anything else I need to know medically or otherwise: _____

What Questions do you have for me?

INFORMED CONSENT

I am not intentionally withholding medical information from the therapist which is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects which have been explained to me. All of my questions have been answered and I agree to participate with this session.

I understand that the service provided is not a substitute for using a qualified medical professional. I understand that Shanti Smith is not a Medical Doctor. To be clear, the service provided is not being represented in any form as a cure for any disease or ailment. It is simply a method of irrigating the colon, and thorough this irrigation process it will help hydrate and cleanse the large intestine. We have gone over possible contraindications for this service, but ultimately I need to decide for myself whether this service is best for my individual situation.

If you are under a doctor's care, it is recommended to discuss this service with them and seek their counsel and support. This service is not intended to supplant qualified professional health care. If you suffer from a bleeding bowel and any severe bowel disturbance, it is imperative that a doctor's supervision be employed.

Please understand that in our effort to answer questions you may have about colon health and nutrition, such answers are not intended or meant to diagnose or prescribe, but to offer additional information to assist you and your chosen health care provider in building health. In the event you use this information without your health care provider's approval, you are prescribing for yourself, which is your right.

Client Signature _____
Date _____

