

# Intake Form

Shanti Smith of Thrive Therapies  
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Date \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ phone # \_\_\_\_\_

Referred by: \_\_\_\_\_

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

Blood Type \_\_\_\_\_

Reason for visit/Symptoms/Complaint & for how long: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have you done to alleviate your symptoms?

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 or NO

If yes, where, how often, and for how long? \_\_\_\_\_

Are you taking any medications? If so, what? \_\_\_\_\_

Do you have any Allergies?

Daily Water Intake \_\_\_\_\_

Have you consumed excess alcohol or drugs in the last 24 to 48 hours? YES or NO

List other therapies in which you are currently participating \_\_\_\_\_

\_\_\_\_\_

Herbs/

Supplements: \_\_\_\_\_

What does your Diet consist of?

\_\_\_\_\_

How much sugar do you eat?

\_\_\_\_\_

## BOWEL HEALTH INFORMATION

An ideal bowel movement is medium brown, smooth and glossy. It leaves the body easily with no straining or discomfort. It should have the consistency of toothpaste, and be 10 - 20cms long. Stool should enter the water smoothly and slowly fall once it reaches the water. There should be little gas or odour. If this is not your experience, please describe your bowel movements below.

Choose that which apply:

Formed large and lumpy     Formed medium width but with cracks on surface     Very soft and unformed     Liquid     Small hard sheep pellets     Soft fluffy but smaller pieces     Thin smooth sausage

Other please describe \_\_\_\_\_

How often do you empty your bowels? \_\_\_\_\_ Do you feel that you have fully emptied your bowels? YES or NO

Do you strain to have a movement? YES or NO

Do you suffer from constipation? YES or NO or Occasionally. How Long?

Do other members of your family suffer from constipation? YES or NO (Parent, sibling, etc.) \_\_\_\_\_

Do you have diarrhoea? YES or NO

Do you have alternating periods of constipation and diarrhoea? YES or NO

explain: \_\_\_\_\_

Do you have hemorrhoids?  Internal  External  Both  Mild  Moderate

Do you take laxatives? YES or NO

Do you take diurectics? YES or NO

Do you take fibre? YES or NO

Do you take stool softeners? YES or NO

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

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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? \_\_\_\_\_

Are you currently menstruating? YES/NO

Anything else I need to know medically or otherwise: \_\_\_\_\_

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What Questions do you have?

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## INFORMED CONSENT

I am not withholding medical information from the therapist which may be important. I understand the procedure of Colon Hydrotherapy, the device, and possible side effects. 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. 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 through this irrigation process it will help hydrate and cleanse the large intestine. I understand that there may be benefits resulting from this procedure, however I understand and agree that no warranties or guarantees have been made as to the effectiveness or outcome of this procedure.

We have gone over possible contraindications for this service, but ultimately you need to decide for yourself whether this service is best for your individual situation. I take full responsibility for my own health journey.

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/or any severe bowel disturbance, it is imperative that a doctor's supervision be employed.

Please understand that in my 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.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this colon hydrotherapy treatment and release the therapist, Shanti Smith, the person performing the colon hydrotherapy procedure, and the facility, Aroha Health Spa, from liability associated with this and all subsequent treatments with the above understood. All information contained herein, is strictly confidential.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_