



chart form: liver & gall bladder flush intake

Contact Information: _____ Date: _____

Name: _____ D.O.B. _____

Mailing address (inc zip) _____ is this a new address? Yes / No

_____ are these new ph#'s? Yes / No

PH #'s: Home (____) _____ Cell (____) _____ Work (____) _____

EMAIL: _____ May I send you an e-newsletter? YES / NO

Have you had a colonic since our last session? YES / NO If yes, when was your last session? _____

General Information:

What are your reasons for wanting a session today? _____

I have _____ (# of) bowel movements a day / week. This is typical for me: Yes / No

When was your last bowel movement? _____ It was: easy / difficult / painful / soft / loose/ hard

Please fill in CHANGES in your health since your last session *with me*.

Bowel issues or tendencies: _____

Medications: _____

Allergies: _____

Supplements: _____

What are you eating? (Be honest....) what have you had in the last 48 hours?

For breakfast: _____ lunch: _____ dinner: _____

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Is this typical? If not, what is? _____

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: _____ Water consumed in last 24 hours: _____ oz typical? : _____

Have you started under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: _____

List year and ALL operations and / or major illnesses (since out last visit):

Women only: Are you pregnant? Yes / No

Circle anything you'd like a reminder about during our session: digestion & pH / nutritional info / cleansing only

Anything else you'd like me to know? _____