

Client Intake Form *for* Vestta Whole Health Centre

Name _____ Date _____

Address _____ City _____ Prov _____ PC _____

Telephone (day) _____ (eve) _____ (cell) _____ (email) _____

Age _____ D.O.B. _____ Occupation _____

What are your reasons for having colonics? _____

Have you had colonics before? _____

Who is you M.D. Herbalist and/or N.D. _____

How did you hear about this office? Yellowpgs: _____ Shared Vision: _____ Common Ground: _____
Internet: _____ Doctor's Referral: _____ (Name) _____ Card or Flyer: _____ Mail Out: _____ Friend _____

DIET & LIFESTYLE

On a scale of 1-10, what is your stress level? _____ Your Blood Type _____

Vegetarian? _____ for how many years? _____ eggs & dairy? _____ or VEGAN? _____ Raw Foods% _____

Frequency of Consumption?

How many times per week Mark a few Poultry: _____ Fish _____ Red Meat: _____ Dairy: _____ Eggs: _____
Bread _____ Pasta _____ Muffin/Cake _____ Caffeine: _____
Sugar: _____ Salt: _____ Artificial Sweeteners: _____ Pop: _____ Beer: _____
Wine: _____ Hard Alcohol: _____ Cigarettes: _____ Mari j: _____ Drugs _____

Have you ever made any significant Dietary Changes? _____

HEALTH CONDITIONS

Any Problems (please circle) Constipation, Diarrhea, Abdominal Pain, Hemorrhoid, Gas ?

How often do you have a bowel movement? _____

Any other Colon Problems? Now _____ or in the past _____

Have you ever taken antibiotics? If so,
When _____ Chemical Laxatives? _____ Birth Control Pills?

Please list any Medications, Remedies, Nutritional Supplements You are taking now:

Food Allergies or Restrictions _____

Diagnosed health conditions _____

Do you have or are you a carrier, on any infectious diseases. _____ If so, What? _____

Bleeding Disorders? _____ Recent Bowel Surgery and Dates _____

Any History of epileptic attacks? _____ If so, When _____

Contra Indications

Cancer of colon, or GI (gastro intestinal tract)	.Recent colon or rectal surgery
Acute abdominal pain	.Recent heart attack.
Recent history of GI or rectal bleeding.	Vascular aneurism.
Congestive heart failure.	Renal insufficiency.
Uncontrolled hypertension	.Epilepsy or psychoses.
Abdominal hernia	Severe hemorrhoids.
Diverticulitis	Cirrhosis of the Liver.
History of seizures.	Fissures or fistula.
Carcinoma of the rectum	Inflamed Ulcerative colitis.
Abdominal surgery	Acute Crohn's disease.
Intestinal perforation.	Rectal or abdominal tumors.

Consent and Acknowledgement Form

I, the undersigned hereby acknowledge that Archer Jansen or _____ are not Allopathic (Western Medical Practitioners and that any services offered to the clients in this office are at the request of the client in taking control of their own health.

Archer Jansen or _____ do not diagnose, treat, or prescribe for any human disease, pain, injury, or disability of physical condition.

I understand that I cannot hold Archer Jansen or _____ liable in any way for the abovementioned.

All information is at the request of the client and no guarantees have or will be made concerning the results that may be obtained during a meeting.

I understand that Vestta Whole Health Centre has a 24 hour cancellation policy and I agree to pay \$25 for late cancellations. I agree to pay full rate for missed appointments. I also understand that prepaid sessions are non refundable and must be used within 1year of purchase.

I hereby affirm that I have read and understood the above

Signature: _____

Print Name: _____

Date: _____

Thank You for taking the time to fill out this form