



Scottsdale Hydrotherapy

16700 N. Thompson Peak Pkwy. Suite 260, Scottsdale, AZ 85260. Phone #480-840-7021

All information provided in this questionnaire will be treated in the strictest confidence.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

(Home#) _____ (Cell#) _____ (Work#) _____

Date of Birth: _____ Occupation: _____ Email: _____

Have you ever had Colon Hydrotherapy? Yes No If so, When? _____

Contraindications for use of Colon Hydrotherapy: (If you have any of the conditions below call the clinic)

Have you had any of these within the last six months? If so please CALL the clinic before proceeding.

Congestive heart failure

Abdominal hernia

Intestinal perforation

Renal insufficiency

Carcinoma of the rectum

Colon or rectal surgery

Fissures or fistula

Cirrhosis

Severe hemorrhoids requiring surgery

Abdominal Surgery

Are you currently receiving medical treatment? Yes No If yes, please list condition(s) being treated and any medication taking for condition:

List all past abdominal surgical procedure and Colonoscopies with approximate dates:

List any vitamin/mineral/herbal supplements you are taking:

How long have you been taking supplements? _____

Are the above prescribed or self-prescribed? _____ who prescribed them? _____

How did you hear about us?
Circle whichever applies please.

Friend (Name : _____)

Coupon Online Search

Google Bing

Don't remember

Healthcare provider referral

Name : _____)

What is your #1 health goal or concern at this time or reason for visit today? _____

Please check any of the following conditions that you now have:

| | | |
|------------------------|-----------------------------|------------------|
| High Blood Pressure | Recent colon/rectal surgery | Cancer |
| Kidney Failure | Severe Anemia | Diabetes |
| Heart Disease | Abdominal/Inguinal Hernia | Asthma |
| Cirrhosis of the Liver | Fissures/Fistulas | Anorexia/Bulimia |
| Cancer of Colon/Rectum | G.I Hemorrhage/Perforation | HIV/Aids |
| Hemorrhoids | Crohn's Disease | Mental Disorders |
| Arthritis | Ulcerative Colitis | Hepatitis |

Sleep - Hours per day? _____ Is it enough? _____

Exercise - How often? _____ Is it enough? _____

Water- Daily? _____ Is it enough? _____

How do you rate your stress in daily life? Light Moderate Heavy

Bowel movements: Daily _____, About every _____ days, Once per week _____, Less than once per week _____

Do you use a stool softener or laxative? YES NO If yes, what do you use and how often? _____

Check any that apply to you:

Stool Size:

- Large (3 fingers wide and 6" plus in length)
- Medium (2 fingers wide and 4-6 plus in length and well formed)
- Small and hard
- Large and hard
- Thin, long or narrow stools
- Often float
- Soft and well-formed (smooth texture)
- Difficult to pass
- Loose, but not watery
- Diarrhea
- Alternates between hard (constipated) and loose and watery (diarrhea-like)

Stool Color:

- Medium brown, consistently
- Dark brown, consistently
- Very dark or black
- Yellow, light brown or clay covered
- Greenish color
- Greasy, shiny appearance
- Blood is visible in them
- Have mucus in them
- Varies a lot

Intestinal Gas:

- Daily but not too often
- Many times per day
- Foul smelling
- Little odor

Do you smoke? YES NO

Drink alcohol? YES NO

Drink coffee? YES NO

Drink tea? YES NO

Drink sodas? YES NO

Do you have a good appetite? YES NO

Do you frequently travel abroad? YES NO

Do you suffer from any allergies/ food sensitivities? YES NO

If yes, please list: _____

Please check any of the following symptoms which you now have or have had in the last year :

General

- Alcohol Addiction
- Anemia
- Chronic Fatigue Syndrome
- Drug Addiction
- Fainting Spells
- Dizziness
- Ear Infections
- Epilepsy
- Headaches
- Migraines
- Hypoglycemia
- Over weight
- Loss of Weight
- Overactive Thyroid Gland
- Underactive Thyroid Gland

Gastro-Intestinal

- Abdominal Pain
- Bad Breath
- Bloody Stools
- Constipation
- Diarrhea
- Bloating
- Distension of abdomen
- Belching
- Diverticulitis/Diverticulosis
- Excessive Gas
- Nausea
- Heartburn
- Gallbladder Trouble
- Indigestion
- Irritable Bowel Syndrome
- Liver Trouble
- Jaundice
- Rectal Bleeding
- Bloody stools
- Rectal Itching
- Vomiting of Blood
- Hemorrhoids
- Poor appetite
- Excessive Hunger
- Difficult Digestion
- Pain over stomach
- Pain over lower abdomen
- Intestinal Parasites

Muscle and Joint

- Arthritis
- Low Back Pain
- Joint Pain/Stiffness
- Muscle Weakness

Respiratory

- Asthma
- Bronchitis
- Emphysema
- Hay Fever
- Shortness of Breath
- Sinus Problems
- Chronic cough

Emotional/Nervous

- Anxiety
- Depression
- Fatigue
- Insomnia
- Irritability
- Lack of Concentration
- Lethargy
- Mood Swings
- Nervous Exhaustion
- Overeating
- Panic Attacks
- Poor Memory

Skin

- Acne
- Bruise Easily
- Dermatitis
- Dryness
- Eczema
- Fungal Infections
- Itching
- Psoriasis

Men

- Enlarged Prostate
- Prostatitis

Urinary

- Bladder Infections
- Kidney Infections/Stone
- Painful Urination
- Recurring Cystitis

Women

- Endometriosis
- PCOS
- PMS
- Prolapsed Womb

| |
|-------------------|
| Are you pregnant? |
| YES NO |

Where do you eat most of your meals? Home _____% Restaurant _____%

Example of a typical daily diet:

Breakfast: _____

Mid-Morning: _____

Lunch: _____

Mid Afternoon: _____

Dinner: _____

Informed Consent

Colon Hydrotherapy is not intended to replace the relationship with your primary health care providers and my recommendations are not intended as medical advice. Our recommendations are based on accumulated knowledge and experience. We encourage you to be open to new information on the effectiveness of colon hydrotherapy and the important role of diet, exercise, nutritional supplementation, and stress management. We attempt to educate you on conscious food, exercise and lifestyle choices. Only you can decide if they are contradictory to the recommendations of your primary health care provider or your physician. I encourage you to make your own healthcare decision based upon your research and in partnership with your primary health care providers.

The information and service provided is not used to prescribe, diagnose or treat any health problem or disease. It is not a substitute for medical care. If you have or suspect you may have a health problem, you should consult your primary health care providers.

The health information provided on the previous pages of this document is, to the best of my knowledge, true and accurate.

Appointment Setting, Cancellation, and Refund Policy

As a courtesy to other clients and ourselves, we request a 24 hour notice if you must cancel or reschedule your appointment. Cancellations made less than 24 hours before appointment incur a \$50 charge.

There are no refunds on any packages or Yearly membership.

DISCLOSURE STATEMENT COMPLIMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS IN COLORADO

As a Complementary and Alternative Health Care Practitioner, I am not licensed, certified or registered by the state of Arizona as a health care professional. I am not a licensed medical physician and do not diagnose, treat or prescribe remedies for the treatment of disease. The services I perform, whether in person, by mail or by phone, are at all times restricted to complementary and alternative health care services intended for the maintenance of the best possible state of nutritional health. I am prohibited from performing surgery or any invasive procedure, administer or prescribe x-ray radiation, prescribe prescription drugs, use general or spinal anesthetics, administer ionizing radioactive substances, use a laser device that punctures the skin, perform enemas/colonics unless board certified, practice midwifery, practice psychotherapy, perform spinal manipulation, practice optometry, directly administer medical protocols to a pregnant woman or a person who has cancer, practice dentistry, set fractures, practice massage therapy, provide a conventional medical disease diagnosis or recommend the discontinuation of a course of care recommended by a health care professional. I am also prohibited from treating children less than two years of age.

Marina Swedberg provides the following services: Colon Hydrotherapy and Natural Health Consultations. Professional training, experience, credentials and qualifications are as follows: I ACT Certified Colon Hydrotherapist, Member I -ACT International Association for Colon Hydrotherapy.

I do not carry liability insurance applicable to any injury caused by any act or omission in providing complementary and alternative health care services. A copy of this disclosure statement will be kept on file for at least two years after the last date of service.

*As our client, you should discuss any recommendations we provide with your Primary Care Physician, Gynecologist, Oncologist, Cardiologist, Pediatrician or other Board-Certified Physician.

I have read and understand the above Informed Consent, Appointment Cancellation Policy, and Disclosure statement.

Signature of Client _____ Date _____

Print Name _____ Date of Birth _____

Phone Number _____