Robert Jordan Health Services 6810 Tilden Lane Rockville, Maryland 20852 301-468-3962

Colon Hydrotherapy Health History Intake Form

Date of initial	l visit			
Name				. <u></u>
Address				
City		S	tate	_ Zip code
Email				
Phone (da	ny)	(eve)		
Occupation _	Employer How long		How long	
Age	Height	Weight	Date	of Birth
How were you	u referred? Friend ((Name)		Ad
Pathwa	ays Magazine Ye	lp Doctor (Name	e)	Others
What is the p	urpose of your visi	t?		
Yes _	No Doc			
Major physic	al complaint:			
List all medic	cations and supplen	nents you are current	ly taking: _	
List all known	allergies:			
How frequent	tly do you have a bov	vel movement (BM)?		
3x/day	z2x/day	1x/day 4x/week	2-3 tim	es/week Other
Do you have to	strain to have a BM	? Yes No		
Do you use lax	atives? Yes No	o Natural		Synthetic
Do you have he	emorrhoids? Yes	No Rectal blee	eding? Yes _	No
Have you had a	any of the following p	procedures or surgeries	: Recent bari	um enema
Colono	oscopy Sigmoid	loscopy Rectal sur	gery	Colon Surgery
Appen	dectomy Gallb	ladder		
List other surg	geries:			

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es" or "No". High blood pressure: Yes No Heart trouble: Yes No	e you had any of the following. I lease cheek	
Diverticulosis: Yes No Diverticulitis: Yes No Cancer of the colon: Yes No		
Colitis: Yes No (spastic Hemorrhoids: Yes No (internal	ulcerative mucus) protruding)	
Kidney disease: Yes No Blood in stool: Yes No	, C = = -,	
Recurrent or constant pain in abdomen: Yes Other (please describe):		
Are you pregnant? Yes No If yes, which trimester? First Sec	cond Third Due date:	
ase check if you <u>currently</u> have the following:		
Abdominal discomfort Allergies	Hay fever Headaches	
Asthma	Increased body odor	
Aches, pains, stiffness	Insomnia	
Bad breath Burping, frequent	Indigestion after meal Irritability	
Bronchitis	Lack of vitality	
BM, painful or difficult	Nausea	
Burning, itching anus	Overweight	
Coated tongue	Poor appetite	
Chronic fatigue	Protruding abdomen	
Cravings for food	Skin problems	
Depression	Sour stomach	
Difficulty sleeping	Stool (very foul odor)	
Extreme stress	Underweight	
Gas (very foul odor)Greasy foods upset	Vomiting Other	
Gas after eating	Other	
Anything else we should know about you?		
In case of an emergency, call:	Phone	
This is my true personal history.		
	Client's cianatura	