

**Integrative Wellness Center, LLC**

*"Your Colon Health Center"*

151 N Sunrise Ave #815 – Roseville, CA 95661

916-784-9355 - info@iwcwellness.com

**Confidential Health Questionnaire**

**Today's Date:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_ **Birthdate** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Marital Status:** **S**\_\_\_ **M**\_\_\_ **D**\_\_\_ **W**\_\_\_ **No. of children** \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_ **Cell phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  **Check here if you would like to receive our email newsletters.**

**Have you had previous Colon Hydrotherapy or Enemas?** Yes \_\_\_ No \_\_\_

**Purpose of Colon Cleansing:** \_\_\_\_\_  
\_\_\_\_\_

**List your main health concerns--state briefly how long each has been an issue for you:**  
\_\_\_\_\_  
\_\_\_\_\_

**List all medications and/or supplements you are currently using (please include why you are taking them, if possible). Be sure to include non-prescription medications such as aspirin, laxatives, vitamins, minerals, homeopathics, herbs, etc.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What inherent (genetic) health issues run in your family?**  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently under medical treatment elsewhere for any specific health issue? If so, list the health issue and the treatment you are undergoing:**  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently:  
Smoke (how much or when did you quit): \_\_\_\_\_  
Drink Alcohol (how much and how often): \_\_\_\_\_  
Drink Coffee, Tea, or other caffeinated beverage (how much/day): \_\_\_\_\_  
Drink Soft drinks (how much/day): \_\_\_\_\_  
Exercise (what type, how often): \_\_\_\_\_  
How often do you eat fast food? \_\_\_\_\_

How many times a day do you eat poultry, beef or fish products? \_\_\_\_\_

How many times a day do you eat dairy (milk, cheese, etc.)? \_\_\_\_\_

What percent of Organic food do you eat? \_\_\_\_\_

How much water do you drink each day? \_\_\_\_\_

Do you use a microwave? \_\_\_\_\_

How is your energy throughout the day? (high, average, low) \_\_\_\_\_

How many hours of sleep/night? \_\_\_\_\_

Do you wake up feeling rested? \_\_\_\_\_

Are you at your ideal weight, underweight, or overweight? \_\_\_\_\_

If overweight or underweight, how much? \_\_\_\_\_

How many bowel movements are you having each day? \_\_\_\_\_

Do you experience indigestion, bloating, or are you gassy after meals? \_\_\_\_\_

Have you ever done any type of detox or cleanse? \_\_\_\_\_

What is your Blood Type? \_\_\_\_\_

Are you currently on any special diets or avoid certain foods? \_\_\_\_\_

List an average day of eating, including any snacks:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Desserts: \_\_\_\_\_

## Digestive Health

### CONSTIPATION:

\_\_\_ YES \_\_\_ NO Do you have at least one bowel movement daily? If not, how frequent? \_\_\_\_\_

\_\_\_ YES \_\_\_ NO Do you feel fatigued more than you feel energized?

\_\_\_ YES \_\_\_ NO Is your stool similar to toothpaste, in consistency?

\_\_\_ YES \_\_\_ NO Do you experience a lot of foul smelling gas?

\_\_\_ YES \_\_\_ NO Are your bowel movements dense and heavy? (plummet to the bottom of the toilet quickly)

\_\_\_ YES \_\_\_ NO Do you get less than 30-40 grams of fiber per day?

\_\_\_ YES \_\_\_ NO Are you unable to lose weight even though you eat a "healthy diet"?

\_\_\_ YES \_\_\_ NO Do you take anti-depressants or pain medication?

\_\_\_ YES \_\_\_ NO Do you drink 8-10 glasses of water every day?

\_\_\_ YES \_\_\_ NO Do you exercise less than 3 times per week?

**Do you current have or have you had in the past any of the following: If yes, detail:** \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anal fissures or fistula | <input type="checkbox"/> Diverticulitis           | <input type="checkbox"/> Recent colon or rectal surgery    |
| <input type="checkbox"/> Severe hemorrhoids       | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Renal insufficiency               |
| <input type="checkbox"/> Intestinal perforation   | <input type="checkbox"/> Abdominal Hernia         | <input type="checkbox"/> First or last trimester pregnancy |
| <input type="checkbox"/> Cirrhosis                | <input type="checkbox"/> Carcinoma of the rectum  | <input type="checkbox"/> None of the above                 |

**IBS:**

- YES  NO Do you experience abdominal cramping and loose stools, cramping and constipation or alternating diarrhea & constipation?
- YES  NO Do you have a sense of incomplete evacuation?
- YES  NO Do you have the passage of mucus in your stool?
- YES  NO Do you have consistent abdominal bloating?
- YES  NO Does wheat (pasta, bread, etc.) cause you abdominal cramping that is relieved by a bowel movement?
- YES  NO Do dairy products cause you abdominal cramping that is relieved by a bowel movement?
- YES  NO Do fatty foods such as meat, poultry skin, oils or nuts cause you abdominal cramping that is relieved by a bowel movement?
- YES  NO Does soluble fiber, like psyllium and vegetables like broccoli and cauliflower give you gas and cramping?
- YES  NO Do you experience diarrhea or constipation after eating artificial sweeteners or sugar alcohols?
- YES  NO Have you ever experienced Candida or yeast overgrowth (nail fungus, athlete's foot, thrush, vaginal yeast infections)?

**CANDIDA:**

- YES  NO Do you experience regular fatigue and/or muscle aches and pains?
- YES  NO Do you have food sensitivities or food allergies?
- YES  NO Have you experienced nail fungus, athlete's foot or jock itch?
- YES  NO Do you have recurrent vaginal yeast infections?
- YES  NO Have you taken broad spectrum antibiotics - even for one period?
- YES  NO Do you crave sugar?
- YES  NO Do you commonly have gas and bloating?
- YES  NO Do you crave bread, pasta, etc. (any type of refined white flour)?
- YES  NO Have you taken birth control pills for 6 months or longer?
- YES  NO Do you experience brain fog?

**PARASITES:**

- YES  NO Do you experience unexplained muscle aches and pains?
- YES  NO Do you experience normal bowel movements with bouts of intermittent diarrhea or constipation?
- YES  NO Do you have unexplained weight loss and/or fever?
- YES  NO Do you have a distended belly?
- YES  NO Do you grind your teeth while you sleep?
- YES  NO Do you have dark circles under your eyes and/or acne?
- YES  NO Do you have insomnia or disturbed sleep?
- YES  NO Have you traveled outside of the United States?
- YES  NO Do you regularly eat unpeeled raw fruit and/or vegetables?
- YES  NO Do you have pets that sleep in bed with you or do you eat after contact with you pets?

## Gut Health Questionnaire

1. Are you currently taking any medications, aspirin or ibuprofen? Yes \_\_\_ No \_\_\_
2. Do you have low energy or frequent fatigue? Yes \_\_\_ No \_\_\_
3. Do you do intense cardiovascular exercise, such as marathons or CrossFIT? Yes \_\_\_ No \_\_\_
4. Do you have multiple food sensitivities or food allergies, such as gluten or dairy? Yes \_\_\_ No \_\_\_
5. Do you have IBS, ulcerative colitis or Crohns' Disease? Yes \_\_\_ No \_\_\_
6. Do you have rosacea, eczema, rashes or acne? Yes \_\_\_ No \_\_\_
7. Have you taken a round of antibiotic medication or birth control in the last 10 years? Yes \_\_\_ No \_\_\_
8. Do you crave sweets or breads? Yes \_\_\_ No \_\_\_
9. Do you have gas, bloating or other digestive issues once or more per week? Yes \_\_\_ No \_\_\_
10. Do you have autoimmune disease such as Hashimoto's, arthritis, psoriasis, MS? Yes \_\_\_ No \_\_\_
11. Are your bowel movements firm, well formed, or soft on a regular basis? Yes \_\_\_ No \_\_\_
12. Do you struggle with seasonal allergies? Yes \_\_\_ No \_\_\_
13. Are your stress levels moderate to high? Yes \_\_\_ No \_\_\_
14. Do you have a very busy life? Yes \_\_\_ No \_\_\_
15. Do you struggle with depression and/or anxiety? Yes \_\_\_ No \_\_\_
16. Do you frequently experience lack of focus or brain fog? Yes \_\_\_ No \_\_\_
17. Have you been diagnosed with autoimmune disease? Yes \_\_\_ No \_\_\_
18. Do you get sick often – 2 times + a year, or feel like you need an immune system boost? Yes \_\_\_ No \_\_\_
19. Have you struggled with any type of Candida, yeast or fungal disease? Yes \_\_\_ No \_\_\_
20. Have you struggled with frequent diarrhea or loose stools? Yes \_\_\_ No \_\_\_
21. Do you get less than 7.5 hours sleep most nights? Yes \_\_\_ No \_\_\_
22. Do you go more than 1 day without a bowel movement? Yes \_\_\_ No \_\_\_
23. Do you have thyroid issues or sluggish metabolism? Yes \_\_\_ No \_\_\_
24. Have you struggled with pain, including joint pain or headaches? Yes \_\_\_ No \_\_\_

Please take your time and check all symptoms you have had in the past year. Be as thorough as possible.

Your Health History is Confidential. Please list anything that is not on this list.

General Symptoms

- Allergies
- Colds
- Depression
- Dizziness
- Fatigue
- Fainting Spells
- Frequent Headaches
- Sweats
- Insomnia
- Nervousness
- Overweight
- Underweight
- Flu
- Fever

Eyes, Ears, Nose, Throat

- Double/blurred vision
- Earache
- Ears Ringing / Itching
- Fever blisters
- Gum trouble/bleeding gums
- Hay Fever
- Lymph Glands enlarged
- Nose bleeds
- Sinus Infections
- Sore throat
- Thyroid enlarged
- Nasal Drainage
- Eye Pain

Skin

- Acne
- Boils
- Bruise easily
- Dryness
- Hives
- Eczema
- Sensitive Skin
- Skin Eruptions
- Skin Rash
- Psoriasis
- Varicose Veins
- Bumps on back of arms
- Itching

Genito-Urinary

- Bladder trouble
- Control of urine
- Frequent Urination
- Kidney Failure
- Kidney Infection / Pain
- Kidney Stones
- Painful Urination
- Prostate trouble

Joints/Bones/Muscles

- Arthritis
- Back Pain
- Bursitis
- Joint Pain
- Neck Pain
- Sciatica
- Osteoporosis

Cardio-Vascular

- High Blood Pressure
- Low Blood Pressure
- Numbness in hands
- Heart condition / disease
- High Cholesterol
- Cold Feet
- Poor Circulation
- Swelling of Ankles

Respiratory

- Asthma
- Bronchitis
- Chronic Cough
- Difficulty breathing
- Spitting up phlegm / blood

Gastro-Intestinal

- Abdominal Distension
- Acid Reflux
- Belching / Burping
- Bloating
- Bloody or Black Stools
- Bowel Impaction
- Candida
- Change in Stool
- Chronic Constipation
- Recent Constipation
- Diarrhea
- Diverticulosis
- Excessive Hunger
- Family History of Colon Cancer
- Fistula or Fissures
- Gallbladder disease
- Gallbladder removed
- Gas
- Heartburn
- Hemorrhoids
- Hernia
- IBS
- Nausea / Vomiting
- Parasites (Intestinal worms)
- Poor Appetite
- Rectal Bleeding / Itching
- Stomach troubles
- Tired after meals

For Women Only

- PMS symptoms
- Cramps or Backache
- Bloating
- Irritable / Mood Swings
- Weak feeling
- Painful periods
- Heavy Menstrual flow
- Hot flashes
- Hysterectomy
- Irregular cycle
- Lumps in Breasts
- Menopausal Symptoms
- Vaginal Discharge / Sores
  - Yeast Infections

Other Conditions

you have ever been diagnosed with:

- AIDS-HIV
- Alcoholism
- Anemia
- Anorexia / Bulimia
  - Appendicitis
- Arteriosclerosis
- Arthritis
- Chicken Pox
- Cancer
- Chronic Fatigue
- Crohn's Disease
- Colitis
- Diabetes
- Edema
- Epilepsy
- Fibromyalgia
- Fibroids
- Goiter / Gout
- Hepatitis
- Heart Attack / Stroke
- Herpes
- Hypo / Hyperthyroidism
- Hypoglycemia
- Lupus
- MS
- Pneumonia
- Stroke
- Measles
- Migraines
- Ulcers
- Small Pox
- Tonsillitis
- Tuberculosis
- Venereal Disease

Other \_\_\_\_\_  
\_\_\_\_\_

**Integrative Wellness Center, LLC**  
*“Your Colon Health Center”*

**Our Financial Policy:**

Thank you for choosing Integrative Wellness Center as your colon rejuvenation provider. We are committed to your colonic session being successfully completed.

**We require full payment at the time of service.** We prefer cash or personal checks, and will accept Visa or Visa. There is a \$5 charge for use of credit cards. For returned checks, there is a \$50 charge.

The following is a statement of our financial policy, which we would like you to read and sign at the bottom.

**Missed/Late Appointments:**

**24-hour advance notice is required** when cancelling and/or rescheduling your appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice there will be a charge of **\$45**. Payment will be required prior to your next scheduled appointment.

**No-shows** - Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no-show.” **They will be charged the full session amount** for their “missed” appointment..

**Late Arrivals** – Late arrival for a schedule appointment will be accommodated whenever possible; however, due to scheduling of other clients and respect for their time, your appointment time will remain within the time you have reserved and your session time may be less, determined by your arrival time. Regardless of the length of the service provided, **you will be responsible for the “full” session fee**. Out of respect and consideration for your practitioner and other clients, **please** plan accordingly and be on time.

Please help us by keeping your appointment.

**Service Policy:**

Integrative Wellness Center LLC, reserves the right to refuse to offer our services to individuals that we feel *may* be contraindicated to colon hydrotherapy. Clients that we feel are out of our scope of practice may *not* receive services at Integrative Wellness Center LLC, without express written original prescription from a medical practitioner.

**Packages:**

Integrative Wellness Center LLC, offers colonic packages for discounts on the normal single price. The number of sessions and prices of packages may change. **All packages are non-refundable and non-transferable.**

If you are a Federal, State or Local Agent upon entering these premises, you must declare same or under the Bivens Act Article #42 be held individually and personally responsible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Curing disease or any other illness is between you and your healthcare/medical professional. Integrative Wellness Center, LLC, staff does not treat or cure any disease or illness, nor do any of our staff make any diagnosis of any illness. Integrative Wellness Center, LLC, staff are not medical doctors and are not attempting to portray themselves or conduct the activities of medical doctors.

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***"Your Colon Health Center"***

**INFORMED CONSENT – COLON HYDROTHERAPY**

*I, the undersigned client, authorize Shelley Lesar, Certified Colon Hydrotherapist, or designated assignee, a Certified Colon Hydrotherapist, at Integrative Wellness Center, LLC, to administer Colon Hydrotherapy sessions. Colon hydrotherapy is a service, not a treatment, and is not intended to be a substitute for careful medical evaluation and treatment by a competent, licensed personal health care professional. Shelley Lesar nor any employee or representative of Integrative Wellness Center, LLC, is not a physician and therefore is not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risks of Colon Hydrotherapy as described below:*

**COLON HYDROTHERAPY** (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, mucus, harmful toxins and bacteria. The client positions himself/herself on a single-use, disposable, sterile rectal nozzle and filtered and sterilized water is run slowly into the colon under the control of the client. During one 45-minute session a total of approximately eight (8) gallons of water gently flows into and out of the large intestine.

**By signing below, client acknowledges full instructions for use have been given.** Integrative Wellness Center, LLC, uses the Angel of Water open Colon Hydrotherapy system, which allows the client as much privacy as he/she desires. However, the Colon Hydrotherapist will enter the room, is *always available* when outside the room, and will be present in the room with the client during each session per the client's expressed wishes.

**Potential risks/possible complications** of colon hydrotherapy include aggravation of symptoms existing prior to the session, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur. Contraindications include severe cardiac disease, severe anemia, GI hemorrhage/perforation, severe hemorrhoids, cirrhosis, carcinoma of the colon, fissures/fistulas, advanced pregnancy, abdominal hernia, recent colon surgery (within 6 months), and renal insufficiency. *If you have any of these conditions or are taking any medications, you must advise Integrative Wellness Center, LLC, and consult with your personal health care professional before having a session, and also provide Integrative Wellness Center, LLC, with a written release from your health care provider. We will review your questionnaire at the first visit before you receive Colon Hydrotherapy session to determine whether or not this service is appropriate for you.*

I understand Integrative Wellness Center, LLC, provides no refunds or monies on used or unused services or products that may be part of a package or individual session and that these monies are NON-REFUNDABLE, including all supplements, kits and homeopathic remedies. I am responsible for paying the session fee for any appointment cancellation with less than 24 hours notice.

- I understand the purpose and potential benefits of colon hydrotherapy, and that it is a wholly elective service.**
- I realize no guarantee as to the results that may be obtained has been given to me by Shelley Lesar, or any employee or representative of Integrative Wellness Center, LLC.**
- An offer has been made to answer my questions about colon hydrotherapy and all questions have been answered to my satisfaction.**
- I understand and freely accept the potential risks/possible complications of colon hydrotherapy.**
- I freely and voluntarily consent to this service.**
- I hereby release Shelley Lesar, Integrative Wellness Center, LLC, any employee or representative of Integrative Wellness Center LLC, from any and all liability that may occur in connection with the colon hydrotherapy service.**
- I understand I am free to withdraw my consent and to discontinue participation in this service at any time.**

If you are a Federal, State or Local Agent upon entering these premises, you must declare same or under the Bivens Act Article #42 be held individually and personally responsible. I hereby declare I am not a Federal, State or Local Agent.

I have read and understand and agree to all the above:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_