

**Body Balancing Center LLC
70 James St #155A Worcester MA. 01603**

Phone or Text (508) 868-3624

Appointment Date / /

CLIENT INTAKE FORM

Please fill out, sign, date and bring with you to your appointment. Payment accepted in the form of cash or check.

Name: _____ Today's Date: _____

Address: _____ Town: _____ State: _____ Zip: _____

Phone #: () _____ Cell #: () _____ E-mail: _____

Date of Birth: _____ Age: _____ Male / Female Married? _____ Children _____

Occupation: _____ Employed by: _____

Emergency Contact - Name & Phone # _____

Please check the services you are interested in or want information about:

Colon Hydrotherapy _____ Massage Therapy _____ Health products _____ Nutrition: _____ EFT _____ NLP _____

Bio Energetic Synchronization Technique - B.E.S.T. _____ Ionic Foot Bath: _____ Infrared TheraSauna _____

How did you hear of our Center? Phone Book __ Web __ Newspaper __ Ad __ Friend (name) _____

Please review the chart below. Check any and all conditions that pertain to you. Past or Present.

Heart Problems	Circulatory Problems	Varicose Veins	High Blood Pressure	Blood Clots	
Skin Problems	Arthritis	Spinal Injury	Recent Surgery (Any Kind Including Cosmetic)	Epilepsy	
Immunosuppression Disease	Tuberculosis	Bursitis	Infectious Disease	Tumors Cancer (all forms)	
Joint Pain	Muscle Aches	Low Back / Neck Pain	Migraine	Headaches	Sinus Problems
Recent Accidents (Motor Vehicle or Other)	Digestive Problems	Ulcers	Rapid Weight Gain / Loss		
Drug Addiction	Respiratory Problems	Alcoholism	Recurrent Infections	Diabetes (Type I & II)	
Do You Wear Contact Lenses? Y/N Do You Smoke? Y/N Are You Pregnant? Y/N What is hurting you if anything?					

Disclaimer and Consent for Massage & Colon Hydrotherapy

I, _____ have not been diagnosed with any contraindications for massage or colon hydrotherapy. I am aware that Therapists are not Physicians and are not licensed to insert, diagnose or prescribe in the State of Massachusetts, and therefore will not do so. If I experience any discomfort or pain during my session, I hereby acknowledge that it is my sole responsibility to immediately stop my session and notify the therapist. I understand that massage therapy given here is for the purpose of stress reduction, relief for muscular tension or spasm, or for increasing circulation and energy flow. I am aware that during the process of colon hydrotherapy adverse events such as perforation, injury and illness might occur with the use of colon irrigation and enema devices. If I experience any resistance during the insertion, I will immediately stop and notify the therapist. I hereby acknowledge that I am an active participant in my colon hydrotherapy session. You must be draped/covered at all times. Absolutely NO sexual activity is permitted at our Center. 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 personally and individually liable.

Client Signature: X _____ Date _____

(Clients under the age of 18, the signature and attendance of the parent or guardian is required.)

Contraindications For Colon Hydrotherapy. Check all conditions that pertain to you Past or Present.

Abdominal Hernia	Tumors in Rectum – Large Intestine	Abdominal Surgery
Dialysis Patient	Abnormal Distention	Diverticulosis / Diverticulitis
Acute Liver Failure	Fissures / Fistulas	Anemia (caused by disease)
Hemorrhaging	Aneurysm (all types)	Hemorrhoidectomy
Colon Carcinoma	Intestinal Perforation	Cirrhosis
Systemic Lupus	Cardiac Condition	Uncontrolled Hypertension
Crohn’s Disease	Recent Cardiac Surgery	Congestive Heart Failure
Colitis	Recent Rectal Surgery	Renal Insufficiencies

Please circle “Yes” or “No” or “Sometimes” to the following questions DO YOU...

- | | | | |
|---------------------------------------|-----------|---|-----------|
| Ever strain to have a bowel movement? | Y / N / S | Ever suffer with bad breath or coated tongue? | Y / N / S |
| Ever have rectal bleeding? | Y / N / S | Ever suffer from a burning or itching anus? | Y / N / S |
| Ever see blood in your stool? | Y / N / S | Have hemorrhoids? (internal or external) | Y / N / S |
| Have you had a recent Barium Enema? | Y / N / S | Use laxatives? | Y / N / S |
| Have you had a recent Colonoscopy? | Y / N / S | Have you had a recent Sigmoidoscopy? | Y / N / S |

1. Why have you chosen to have a Colon Hydrotherapy Session? _____

2. How frequently do you have a Bowel Movement?: _____

3. Are you currently under a Doctor’s Care? (please give name & explanation): _____

4. Please list any medications you are or have been taking _____

5. Please list any supplements you are or have been taking: _____

6. Please list any allergies to foods or medications or other: _____

7. Please list any other pertinent health history you think would be helpful for us to know: _____
