

# VITALITY SOURCE INTERNAL CLEANSE AND DETOX STUDIO

## - Intake Form -

Today's Date: January 1, 2021

First Name: SERGIO

Address: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Last Name: SERGIO

Apt #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

(Cell): \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you on medication? ☒ YES ☐ NO If yes, please list: PROZAC & METHADONE

Do you take Natural Supplements? ☐ YES ☒ NO If yes, please list: \_\_\_\_\_

Do you need diet/nutritional advice? ☒ YES ☐ NO Are you interested in weight loss? ☐ YES ☒ NO

What kind of exercise do you do? WALKING 20 MINUTES PER DAY Blood Type: \_\_\_\_\_

What brings you in for colon therapy? STOMACH PAIN / LACK OF BOWEL MOVEMENTS

What is your current level of stress? ☐ Minimal ☐ Average ☒ High

How many hours do you sleep in the night? 2 Additional Comments: \_\_\_\_\_

Are you Pregnant? ☐ YES ☒ NO If yes, how far along are you? \_\_\_\_\_

Do you Smoke? ☐ YES ☒ NO If yes, for how long? \_\_\_\_\_ How many cigarettes per day? \_\_\_\_\_

Have you had any operations? ☐ YES ☒ NO If yes, please specify: \_\_\_\_\_

Are you currently on a cleanse? ☐ YES ☒ NO If yes, what kind? \_\_\_\_\_

### Check off the items you consume the most of:

☐ Red Meat ☒ Poultry ☒ Fish ☒ Vegetables ☒ Fruit ☒ Dairy ☐ Wheat

☒ Fast Food ☐ Sweets ☐ Coffee ☒ Tea ☐ Alcohol ☐ Pop

How many glasses of water do you drink per day? 4 - 5 CUPS

Weight: 200 LBS

### Please check any of the following that apply to you:

☐ IBS ☐ Colitis ☐ Crohn's ☐ Ulcers ☐ Diverticulitis ☐ Diabetes ☐ Polyps

☐ Gallstones ☐ Kidney Stones ☐ Anal Fissure ☐ Haemorrhoids ☐ Intestinal Perforation

### Do you experience the following difficulties?

☐ Constipation ☒ Bloating ☒ Gas ☒ Heartburn ☒ Burping ☐ Diarrhea ☒ Abdominal Pain

☐ Fatigue ☒ Headache ☐ Joint Pain ☐ Rectal Bleeding ☐ Allergies (If yes, please specify:)

### Stool Indicators (check which applies):

Bowel Movements: Per day: 0 Per week: 0 ONLY WITH HELP

What is the consistency?

☒ Thin ☒ Watery ☐ Well-formed ☐ Hard ☐ Mucous ☒ Strong smell ☐ Oily ☐ Floating

Describe colour: NO COLOR - NO POOP - 3 WEEKS SINCE LAST MOVEMENT - AND REALLY LOOSE LIKE DIARRHEA

Is there anything else you wish to discuss? STARTED ALL SYMPTOMS SINCE TRAVEL TO DOMENCIAN 2 MONTHS AGO

How did you hear about us? FRIEND

If someone referred you, please tell us who so we can thank them: \_\_\_\_\_

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