

# VITALITY SOURCE INTERNAL CLEANSE AND DETOX STUDIO

## - Intake Form -

Today's Date: \_\_\_\_\_  
First Name: TASHIA  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_  
Date of Birth (mm/dd/yy): \_\_\_\_\_

Last Name: TASHIA  
Apt #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Occupation: \_\_\_\_\_

Are you on medication? ☐ YES ☒ NO If yes, please list: \_\_\_\_\_  
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? NONE Blood Type: \_\_\_\_\_  
What brings you in for colon therapy? CONSTIPATION  
What is your current level of stress? ☐ Minimal ☐ Average ☒ High  
How many hours do you sleep in the night? 4 - 6 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? 3

Weight: 180

### 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 - 1 Per week: 0 - 2

What is the consistency?

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

Describe colour: DARK

Is there anything else you wish to discuss? DIFFICULTY GOING TO THE BATHROOM - can't go without laxatives

How did you hear about us? GOOGLE

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

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