



Sanas Health Practice : **General Patient Information**

Full name (First/Middle/Last): _____

Date of BIRTH: DAY/MONTH/YEAR SEX: _____

Complete Address: _____

Home Phone Number: (_____) _____ Cell Number:(_____) _____

Work Number:(_____) _____ Where should we call and/or leave a message? _____

E-mail: _____

Can we send you a text? Yes No Can we send you an e-mail? Yes No

Would you like to receive our Sanas Health Practice Newsletter? Yes No

What is your preferred appointment (check all those that apply)

Time? 8am-10am 10am-12pm 12-2pm 2-4pm 4-6pm 6-8pm

Day? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How did you find out about Sanas Health Practice? (Check all that apply & specify)

Public Health Seminar Friend Health Food Store Yellow Pages

Newspaper Radio/TV Internet Sign

Specify: _____

Were you referred by another Health Care Practitioner: Yes No

Referring Practitioners Name: _____

Phone: _____

Who is your current Primary Care Physician? _____

Phone Number: _____

Emergency Contact: _____ Phone Number(_____) _____

Relationship to you: _____

Sanas Health Practice: Colon Hydrotherapy Intake Form

Have you ever experienced Colon Hydrotherapy or Enema YES NO

Why are you requesting Colon Cleansing? _____

Were you referred? By whom? _____

List your main health concerns and state briefly how long each has been an issue for you:

1) _____

2) _____


3) _____

What is your Main Health Goal at this time?

1) _____

List all medications and/or supplements that 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, homeopathic, herbs, etc.

Medication/Supplement	Reason for Taking

Out of Space?  Write on the Back of Page.

Family Medical History			
Mother		Maternal Grandparents	
Father		Paternal Grandparents	
Brothers		Sisters	

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

1) _____

2) _____

Have You Ever?

Had any Unusual Accidents or falls? No Yes, explain _____

Had any Bone Fractures? No Yes, explain _____

Been Knocked Unconscious? No Yes, explain _____

Had any Surgical Operations? No Yes, explain _____

Fainted? No Yes, explain _____

HEALTH PRACTICES THAT IMPACT YOUR DIGESTIVE TRACT

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? _____

Do you eat dairy products (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?

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? _____

Are you aware of any food sensitivities or allergies? _____

Give an example of an average day of eating, including any snacks:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Desserts: _____

CONTRAINDICATIONS TO TREATMENT

Have you had within the last 6 months:

Congestive Heart Failure	Yes	No
Intestinal Perforation	Yes	No
Carcinoma of the Rectum	Yes	No
Fissures or fistula	Yes	No
Severe hemorrhoids	Yes	No
Abdominal hernia	Yes	No
Renal insufficiency	Yes	No
Recent Colon/Rectal Surgery	Yes	No
Abdominal Surgery	Yes	No
1st and 3rd Trimester of Pregnancy	Yes	No
Cirrhosis	Yes	No



Sanas Health Practice : Preparation for Colon Hydrotherapy Experience Enhance your FLOW!

Colon Hydrotherapy is an Experience that is incomparable, you can enhance your flow by selecting proper food and drink and lifestyle choices the day before, the day of and day after your therapy.

	DO-the day before, day of and day after	AVOID
Drink	<ul style="list-style-type: none"> ☞ Drink Plenty of <u>Non-Caffeinated</u> Beverages the Day before and of Treatment. ☞ Water and Rooibos Tea are your best options 	Soft Drinks, Alcohol, Coffee, Caffeine or Black Tea, Yerba Mate.
Food	<ul style="list-style-type: none"> ☞ Eat light foods that don't irritate your stomach. Leafy Greens ☞ Cruciferus (Kale, Broccoli, Brussel Sprouts, Cabbage, Cauliflower) only if they are blended. ☞ Eat Blended foods and soups and broths the day before and of. ☞ Eat Good healthy Oils- Coconut oil, Olive oil, these are lubricating for the Body. 	Gas Producing foods. Beans and Unblended, Cruciferus vegetables, Avoid fast foods. Avoid Chocolate-Caffeine
Supplements	<ul style="list-style-type: none"> ☞ Double up on your Probiotics (our favorites Sanas Tummy Pro, Tummy Toned or Pro Intensive) the Day before, Day of and day after your treatment ☞ Take a Greens formula, double up the day before and bring some to your colonic to drink after your treatment. 	Starting any new supplement you haven't taken before
Medications	<ul style="list-style-type: none"> ☞ Continue your Medications as normal 	Laxatives
Health Practices	<ul style="list-style-type: none"> ☞ Do Do your <u>Castor oil packs</u> the night before and after your colonic, it helps to keep the flow moving in the right directions. ☞ Exercising as normal, it will only enhance the Flow! ☞ Aim for a good nights sleep, it'll help you stay relaxed for the treatment ☞ Deep Breathing helps to relax the nervous system, Inhale to the count of 4, hold for a few seconds and exhale to the count of 4, repeat several times to get the body in the relaxed mode. 	Don't Stress! It's an enjoyable experience.