



**THE ASPEN LEAF**  
SPA RX

## Colonics Intake

**Name \***

First

Last

**Address**

**Phone Number \***

**Email Address \***

**Date of Birth**

**Height and Weight**

**Referral**

- Phone Book    Newspaper    Brochure    Sign    Doctor  
 Google    Friend    Other

**If Doctor, Friend, or Other, Please Name:**

**Reason for Visit**

**Do you suffer from any of the following?**

- Arthritis     Asthma     Allergies     Colitis     Constipation
- Diabetes     Diarrhea     Diverticulitis     Heart Issues
- Hemorrhoids     Headaches     Candidiasis
- Chronic Fatigue     Bad Breath     Indigestion     Backache
- Skin Disorders     Eye Issues     Foot Aches     Gastritis
- Rectal Bleeding     Cancer     Other

Please select all that apply.

**If cancer or other, please explain:**

**Are you pregnant?**

- Yes
- No

**Surgeries?**

**X-Rays?**

**Chemotherapy**

**Please list your medications and supplements:**

**How often do you use Aspirin**

**How often do you drink Coffee**

**How often do you use Antacids**

**How often do you smoke Cigarettes**

**How often do you drink Black Tea**

**How often do you drink Alcohol**

**Are you currently under a doctor's care?**

- Yes
- No

**Do you receive chiropractic care and/or massage therapy?**

- Yes
- No

**Have you ever had a colonic irrigation?**

- Yes
- No

**If yes, when was your last series and the results?**

**What does your daily diet consist of?**

**How often do you exercise?**

**How often do you have a bowel movement?**

**What is your blood pressure and pulse rate (if you know)?**

**Anything else I should know?**

**Required \***

I hereby acknowledge that The Aspen Leaf Spa and Samsara Detox Therapies has not, is not, and will not prescribe (order for use as medicine) for me at any time, and I will not hold them accountable for such. The colon hydrotherapist is helping me with natural hygiene at my request, and is not diagnosing nor treating disease, nor practicing any form of medicine.

I agree to give a 24-hour notice of cancellation or I will be responsible to pay the full session fee or will forfeit a session in any pre-paid package.

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Signature and Date