

**OPTIMAL WELLNESS OF LONG ISLAND**

516-801-4971

optimal-wellness.com

**FIRST TIME EVALUATION FOR COLON HYDROTHERAPY**

Please complete the following questions carefully.

***How Did You Learn About Our Services?***

Personal Referral \_\_\_\_\_ Doctor/ Practitioner \_\_\_\_\_ Print Ad \_\_\_\_\_ Internet \_\_\_\_\_ Yellow Pgs \_\_\_\_\_

Who May We Thank for the Referral: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ M [ ] F [ ] Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: S [ ] M [ ] D [ ] W [ ] # children \_\_\_\_\_

Home # ( ) Work # ( ) Cell # ( )

1. Have you ever had a colonic before? \_\_\_\_\_ If so, when? \_\_\_\_\_ Other forms of Detox: \_\_\_\_\_

2. Are you now under a doctor's care? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

3. Doctor's name \_\_\_\_\_ Phone: \_\_\_\_\_

4. Major physical complaints: \_\_\_\_\_

5. List all medications & supplements you now take regularly (including over the counter) \_\_\_\_\_

6. List all known allergies: \_\_\_\_\_

7. **Digestion:** How is your digestion? [Circle: adequate, poor, acid reflux, bloating, burning/pain in stomach.]

Other complaints: \_\_\_\_\_

8. **Bowels:** How are your bowel eliminations? [**How often?** 3 times daily, 2 daily, once per day, skip days **Amount:** normal, too little, too large, **Consistency:** normal, too hard, very soft, diarrhea **Color:** brown, black, whitish. **Other:** lots of mucus, lots of gas, foul smell]

Other complaints: \_\_\_\_\_

8a: Do you use a stool softener or laxative? \_\_\_\_\_ Herbal laxative? \_\_\_\_\_ Suppository? \_\_\_\_\_

8b: Do you have hemorrhoids or other rectal problems? \_\_\_\_\_

8c: Do you have to strain to have a bowel movement? \_\_\_\_\_

9. How much **water** do you drink per day? \_\_\_\_\_ (Source: tap, bottled, filtered, boiled)

10. **Exercise:** What kind of exercise do you do? \_\_\_\_\_

How often? \_\_\_\_\_ For how long at a time? \_\_\_\_\_

11. **Energy:** Please rate your energy on a scale from 1-10 (10 = "optimal energy" - 1 = "can't get out of bed") \_\_\_\_\_

12. **Diet:** What type of diet best describes your general **dietary habits:** junk food/fast food eater, vegetarian, vegan, macrobiotic, health conscious, natural food eater (over 50% organic), transitional (from junk food to health conscious).

Other: \_\_\_\_\_

**FOOD STRESSERS:** Circle which of the following do you have every week. In the column, indicate how many times per week you have each item:

| Stimulants                 | Toxic Oils                 | Commercial Dairy    | Highly-Heated Foods     |
|----------------------------|----------------------------|---------------------|-------------------------|
| Coffee (including decaf)   | Fried food                 | Cow's milk          | Bread (store bought)    |
| Black tea, caffeine drinks | Fast food                  | Yogurt              | Crackers (store bought) |
| Soft drinks (colas, etc.)  | Potato or corn chips       | Ice cream           | Bagels (store bought)   |
| Drinks with Nutra Sweet    | Roasted nuts               | Cottage cheese      | Buns (store bought)     |
| Alcohol (wine, beer, etc.) | Mayonnaise                 | Sour cream          | Pasta (store bought)    |
| Chocolate                  | Margarine                  | Cheese (commercial) | Muffins (store bought)  |
| Candy, pastries, sweets    | Peanut butter (commercial) |                     | Cookies (store bought)  |

13. **Smoking:** Do you currently smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How long have you smoked? \_\_\_\_\_

14. Do you now or have you ever suffered with any of these conditions?

|                   |                          |                    |                        |
|-------------------|--------------------------|--------------------|------------------------|
| Diverticulitis    | Fissures                 | Rectal Bleeding    | Parasites              |
| Diverticulosis    | Fistulas                 | Bloating           | Ulcerative Colitis     |
| Chrohn's Disease  | Hemorrhoids              | Gas                | Diarrhea               |
| Intestinal Polyps | Colon Cancer             | Yeast/Candida      | Abdominal Hernia       |
| Constipation      | Irritable Bowel Syndrome | Leaky Gut Syndrome | Colon - Rectal Surgery |

15. **Stress:** Please rate your current stress level (on a scale of 1 to 10, 10 being the highest stress): \_\_\_\_\_

What is the main reason for your stress? \_\_\_\_\_

If over level 5, what step(s) are you taking to reduce your stress level? \_\_\_\_\_

16. **Womens section:** Are you pregnant? 1<sup>st</sup> trimester, 2<sup>nd</sup> trimester, 3<sup>rd</sup> trimester \_\_\_\_\_

**Monthly cycle:** experience PMS? \_\_\_\_\_ Are your periods more than 6 days? \_\_\_\_\_

18. What would you like to receive from this appointment for colon hydrotherapy? \_\_\_\_\_

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 PERSONNALLY AND INDIVIDUALLY RESPONSIBLE

**Signature & Date**

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## FINANCIAL & CANCELLATION POLICY 2009

|                                  |  |
|----------------------------------|--|
| Initial Consultation & Treatment | \$125.00   |
| Regular Treatment                | \$ 95.00   |
| Package of 3                     | \$ 90.00   |
| Package of 5 or more             | \$ 85.00 / treatment   |
| Package of 10 or more            | \$ 80.00 / treatment   |
| Missed Appointments              | \$ 95.00 / <b>or</b> a treatment deducted from your pre-paid package |

The initial appointment which includes a consultation and treatment will take approximately 1½ hours and costs \$125.00. Follow up treatments last 1 hour and cost \$95.00. Actual treatment time is approximately 45 minutes. There may be supplements recommended to complement and enhance the process of cleansing, detoxifying and rebalancing the system. These supplements are an additional cost. All payments are due upon time of visit and for your convenience we accept Visa, MasterCard or the Discover Card.

Due to our waiting list of clients we must charge for any missed appointments. Unless 24 hours notice is given to change or cancel an appointment, you will be charged for the missed appointment.

Your time is valuable and we appreciate your understanding that our time is valuable as well. Your willingness to cover the cost of a missed appointment when you cannot give 24 hours notice clearly demonstrates your consideration of our time and efforts. We appreciate it.

Thank you for your understanding and cooperation of these financial guidelines.

I acknowledge that Optimal Wellness of Long Island and its' staff members are not medical doctors. I understand that Jaime Clifford and staff members of Optimal Wellness of Long Island provide nutritional and other health-related information to help me attain and maintain my best health. All recommendations are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition. I understand that Optimal Wellness of Long Island and staff members do NOT diagnose, treat or claim to cure cancer or any other disease.

I have read this informed consent and understand it. I am not a minor (under the age of 18). Additionally, I am here on this day and any subsequent visit, solely on my own behalf and not as an agent for federal, state, or local agencies on a mission of entrapment or investigation.

I understand the above Financial & Cancellation Policy and will abide by these charges:

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Signature of Client

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Date