



EBCS Chart Form : Intake - Liver & Gallbladder Flush

CONTACT INFORMATION

Date: _____

Name: _____ D.O.B. _____

Mailing address (inc zip) _____

PH #'s: Home (____) _____ Cell (____) _____ Work (____) _____

Email: _____ May I send you an e-newsletter? YES / NO

GENERAL INFORMATION:

Have you had a colonic since our last session? YES / NO If yes, when was your last session? _____

What are your reasons for wanting a session today? _____

What are your goals for doing a liver & gallbladder flush? _____

Have you done a liver & gallbladder flush before? YES / NO

If so, when? _____ Where you happy with the results? _____

I have _____ (# of) bowel movements a day / week. This is typical for me: Yes / No

When was your last bowel movement? _____ It was: easy / difficult / painful / soft / loose/ hard

Please fill in CHANGES in your health since your last session *with me*.

Bowel issues or tendencies: _____

Medications: _____

Allergies: _____

Supplements: _____

What are you eating? (Be honest....) what have you had in the last 48 hours?

For breakfast: _____ lunch: _____ dinner: _____

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Is this typical? If not, what is? _____

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: _____ Water consumed in last 24 hours: _____ oz typical? : _____

Have you started under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: _____

List year and ALL operations and / or major illnesses (since out last visit): _____

Women only: Are you pregnant? Yes / No

Circle anything you'd like a reminder about during our session: digestion & pH / nutritional info

Is there anything else you'd like me to know? _____



CONTRAINDICATIONS:

Some health conditions are considered contraindications for Liver & Gallbladder Flushing. If you have any of the following conditions, or any other concerns regarding the use of Liver & Gallbladder Flushing for health reasons, we recommend that you consult with your doctor.

Indications where Liver & Gallbladder Flushing is not appropriate:

- Severe Constipation (it may be necessary to do a number of colonics prior to your flush so that the pathways of elimination are clear)
- Calcium Channel Blockers (taking for high blood pressure)
- Children
- Frequent Loose or Bloody Stools
- Nausea or Vomiting
- Pregnant or Lactating
- Severe Parasitic Infection
- Sick or Ill
- Stomach, Liver or Gallbladder Pain

LIVER & GALLBLADDER FLUSHING IS NOT SUITABLE FOR EVERYONE.

Again, if you have a concern about your health or the appropriateness of Liver & Gallbladder Flushing for you, please consult with your doctor.

PLEASE READ AND SIGN BELOW:

I understand that a Liver & Gallbladder Flush is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of a Liver & Gallbladder Flush for myself at this time it is up to me to consult with my doctor.

Signature of Client

Date of Signature

Signature of Therapist

Date of Signature



Because the Road to Health is Paved with Good Intestines!!!!