

Cleanse, LLC
1523 Rose St. Suite 3, La Crosse, WI 54603

Name _____ Date _____
Address _____ Apt# _____
City _____ State/Zip _____
Email _____ Mobile Phone _____
Home Phone _____ Work Phone/Occupation _____
Age/DOB _____ Sex _____ Height _____ Weight _____
Are you pregnant? _____ # of Children _____
Do you take drugs, medications, antibiotics, vitamins? _____ If yes, please explain:

Do you suffer from or have you been diagnosed with any of the following:

Severe Cardiac Disease	Carcinoma of the Colon	Severe Anemia
Congestive Heart Failure	Uncontrolled Hypertension	Cancer
GI Hemorrhage/Perforation	Severe Hemorrhoids	Fissures/Fistulas
Renal Insufficiency	Aneurysm	Diverticulitis
Recent Colon Surgery	Abdominal Hernia	Cirrhosis
Crohn's Disease	Ulcerative Colitis	Diverticulosis
Constipation	Diabetes	Diarrhea
Arthritis	Allergies	Asthma
Headaches	Candidiasis	Chronic Fatigue
Bad Breath	Indigestion	Skin Disorders
Backaches	Foot aches	Gastritis

Any other disorders requiring hospitalization or doctor's care? (please explain):

Are you presently under a doctor's care? _____ If yes, please explain: _____

Do you use any of the following? (If yes, please write amount)

Aspirin _____ Soda _____ Cigarettes _____ Antacids _____

Alcohol _____ Black Tea _____ coffee _____

Have you ever had a colonic? _____ When was your last series? _____

Results: _____

Bowel movements: Number per day _____ Size: Length _____ Width _____

Color _____ Odor _____ Shape _____

Do you give yourself enemas? _____ If yes, how often? _____

Do you receive chiropractic care? _____ Massage? _____ Other? _____

What does your daily diet consist of _____

How much water do you drink daily? _____ oz. Is it filtered/bottled/tap?

Do you exercise? _____ # of days per week of: cardio _____ weights _____

Do you consider your job and/or lifestyle to be high stress? _____ If yes, circle one/both.

How did you hear about Cleanse?/Who referred you? _____

I, the undersigned, hereby acknowledge that Cleanse, LLC has not, is not, and will not prescribe (order for use as medicine) for me at any time; and I, the undersigned, will not hold Cleanse, LLC accountable for such. The therapist is helping me with natural hygiene at my request, and is not diagnosing nor treating disease, nor practicing any form of medicine.

Signature _____ Date _____

Do you want to be notified by mail of any special offers or educational material? _____ yes _____ no