



Nancy Spahr, CNHP  
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Please complete the Health Questionnaire prior to your scheduled appointment and bring with you!

## Confidential Health Questionnaire

Today's Date: _____	Referred By: _____
Name: _____	M ___ F ___ Birthdate ___/___/___ Age: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____ Occupation: _____
Primary phone: (____) _____	Secondary phone: (____) _____
E-mail Address: _____	
Have you received services from Cleansing Waters and which ones? _____	

List briefly your expectations for this appointment/consultation (what do you want to occur &/or discover):

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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, AND the Brand Names.

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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:

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***To help us understand what is important to you about your health, please indicate which of these areas are of concern to you at this time.***

<b>Sleep</b>	<input type="checkbox"/>	<b>Energy</b>	<input type="checkbox"/>
<b>Mental clarity</b> <i>(forgetfulness, brain fog, focus)</i>	<input type="checkbox"/>	<b>Weight</b>	<input type="checkbox"/>
<b>Stress Level</b> <i>(daily, work, life)</i>	<input type="checkbox"/>	<b>Digestion</b> <i>(gas, bloating, constipation, diarrhea)</i>	<input type="checkbox"/>
<b>Headaches</b>	<input type="checkbox"/>	<b>Seasonal Allergies</b>	<input type="checkbox"/>
<b>Backaches &amp; Joint Pains</b>	<input type="checkbox"/>	<b>Food Allergies</b>	<input type="checkbox"/>
<b>Anxiety/Depression</b>	<input type="checkbox"/>	<b>Nutrition</b>	<input type="checkbox"/>
<b>Immune System</b> <i>(Do you get sick easily?)</i>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

***The nutritional and health information provided by Nancy Spahr, CNHP during any consultation, meeting, in newsletters, or handouts is based on personal experience, research and experiences of their clients. This information is to be used for educational purposes. It is to help you make informed decisions regarding the state of your health and how your lifestyle choices affect your health. Because there is always some risk involved when changing diet and lifestyle, please do not apply this information unless you are willing to assume the risk. If you choose to use diet and lifestyle changes as a form of treatment for illness or disease without the approval of a medical physician, you are prescribing for yourself, which is your constitutional right.***

I agree to accept the terms of this disclaimer and acknowledge that any information I receive from Nancy Spahr, CNHP is to be used for educational purposes in order to assist me in making the best decisions concerning my own health. I acknowledge that they are not Medical Doctors and that they will not prescribe or diagnose any disease or condition. I agree to accept all responsibility for any decisions I choose to make concerning the self-prescription of any treatments that may be discussed and will not hold them liable for my decisions or the results of those decisions. To the best of my knowledge, all of the preceding answers are true and correct. If any changes in my health or medications occur, I will inform Nancy Spahr, at my next appointment.

***Client Name:*** \_\_\_\_\_ ***(please print)***

***Client Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



## **Our Financial Policy:**

Thank you for choosing Cleansing Waters, LLC to assist you in your quest for total health. We are committed to your time with us being a rewarding experience. Please understand that the payment on your bill is the only way we can continue to provide the best quality service.

The following is a statement of our financial policy, which we would like you to read and sign at the bottom. **We require full payment at the time of service.** We accept cash, personal checks, MasterCard, and Visa. There will be a \$30 charge added on all returned checks.

## **Missed/Late Appointments:**

Unless canceled at least 48 hours in advance, it is our policy to charge for missed appointments at the rate of the appointment -- unless we are able to fill the opening from our waiting list. Please help us by keeping your appointment.

Late arrival for a scheduled appointment will be accommodated whenever possible: however, due to scheduling of other clients a full session may not be given to the client that has arrived past a scheduled appointment time.

## **Service Policy:**

Cleansing Waters, LLC reserves the right to refuse to offer our services to individuals that we feel *may* be contraindicated to a service or that we feel may not be a good fit for the services we provide. Clients that we feel are out of our scope of practice may *not* receive services at Cleansing Waters, LLC without express written original prescription from a medical practitioner.

## **Packages:**

Cleansing Waters, LLC offers colonic packages for discounts on the normal single price. The number of sessions and prices of packages may change.

**All packages are non-refundable and non-transferable.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Curing disease or any other illness is between you and your healthcare/medical professional. CW's staff does not treat any diseases or illnesses nor do any of our staff make any diagnosis of any illness. CW's staff are not medical doctors and are not attempting to portray themselves or conduct the activities of medical doctor.