

Body Wrap History Questionnaire



Please **PRINT, ANSWER, and FILL IN ALL** the questions/blanks listed in this form. Date ____ / ____ /20 ____

Full Name (First, Middle Initial, and Last) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ (H) _____ (W) _____

Email Address _____

Occupation _____ Place of Employment _____

Height _____ Weight _____ DOB _____ Age _____

Sex _____ Marital Status _____

Emergency Contact: Name _____

Relationship _____ Phone _____ Alt Phone _____

Physician _____ Phone _____

Is your physician aware of you receiving a body wrap? _____

Please state your expectations from receiving a body wrap today? _____

How often do you have bowel movements? _____

Do you suffer from constipation? Y or N, How often? _____

Do you take laxatives? Y or No, What type? _____ How often? _____

Do you take diuretics? Y or No, What type? _____ How often? _____

Have you ever had a colonic? _____

If so, what type of device was used? _____

Who performed your last colonic? _____

Disclaimer: Individual results from receiving an Herbal Detox Body Wrap from Back To Essentials, LLC will vary from person to person. Maximum results depend on the use of other products prior to receiving the Body Wrap and recommendations from the Holistic Therapist. Results are not guaranteed.

THIS FORM HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENT. I HAVE READ, UNDERSTAND, AND AGREE WITH THE INFORMATION PRESENTED TO ME. I DECLARE THE INFORMATION I HAVE DISCLOSED HEREIN TO BE TRUE AND ACCURATE.

Client's Signature _____ Date ____ / ____ /20 ____

Who can we thank for referring you? _____