

A Therapeutic Effect

Personal Data

Patient's Name: _____	Today's Date: _____
Address: _____ _____	Phone Number: <small>daytime</small> _____
email: _____	<small>evening</small> _____
Date of Birth: _____ / _____ / _____ <small>month day year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation: _____	Referred by: _____
Emergency Contact: _____	Phone Number: <small>daytime</small> _____
Relationship: _____	<small>evening</small> _____

Are you currently under a Physician's care? Yes No

If yes, please explain: _____

Please list any past or present injuries, accidents, or medical treatment including surgeries:

Are you pregnant? Yes No *If yes, some services may not be administered.*

Please list all known allergies: _____

Please list all medications and supplements you are taking: _____

CANCELLATION POLICY

If you are unable to keep your appointment - for any reason - please give us as much notice as possible. For appointments broken with less than 12 hours notice, we reserve the right to charge 50% of the standard fee. Appointments that no show will be charged in full to cover the therapist's time.

Colon Hydrotherapy New Client Information

Client Name: _____

Reason for your appointment today? _____

Have you previously had colon hydrotherapy? Yes No

If yes, when was your last colon hydrotherapy session and where? _____

How many bowel movements do you have per day? _____ **Do you use a stool softener or laxative?**

How would you describe your bowel movements? _____

Straining? **With Ease?** **Discomfort?**

Do you have any of the following conditions? (Please CIRCLE all that apply)

- | | | | |
|---------------------|------------------------|---------------------|--------------------------------|
| Constipation | Arthritis | High Blood Pressure | HIV Positive |
| Headaches | Diarrhea | Low Blood Pressure | Other Infectious Disease |
| Diabetes | Bloody or black stools | Colitis | Diverticulitis |
| Ulcerative Colitis | Hemorrhoids | Ulcers | Hernia |
| Cancer | Crohn's disease | Abdominal Pain | Gallbladder disease |
| Prostate trouble | Chronic cough | History of seizures | Family history of colon cancer |
| Shortness of breath | Poor circulation | Painful urination | Kidney stones or infection |
| Enlarged thyroid | Heart disease | Hepatitis | Anemia |
| Asthma | Liver trouble | Emphysema | |

Daily Routine and Dietary Habits

How do you rate (Light, Moderate, Heavy) the stress in your daily life at: Home: _____ Work: _____

How often and what kind of exercise do you do in a week? _____

How much water do you drink daily? _____ **Where do you eat the majority of your meals? Home _____% Restaurant _____%**

For the foods listed below, please indicate the amount of consumption weekly (None, Light, Moderate, Heavy):

- | | | | | |
|------------------|-------------------|-------------------|---------|---------------------|
| Sweeteners | Sugar | Honey | Syrup | Tobacco |
| Coffee | Tea | Iced Tea | Soda | Alcohol |
| Spices | Salt | Fast Foods | Salads | Yogurt |
| Fresh Vegetables | Frozen Vegetables | Canned Vegetables | Sprouts | Potatoes |
| Fresh Fruits | Frozen Fruit | Canned Fruit | Cereals | Protein Bars |
| Cookies | Cakes | Chocolate | Eggs | Milk/Dairy Products |
| Beef | Pork | Poultry | Fish | Shellfish |
| Beans | Bread/Bagels | Oats | Wheat | Barley |
| Rye | Rice | Pasta | Soy | Corn |

CONTRAINDICATIONS - If you have any of the following conditions colon hydrotherapy CANNOT be done

- | | | | |
|------------------|--------------------|--|-----------------------------|
| Aneurysm | Severe anemia | Carcinoma of the colon or rectum | GI hemorrhage / perforation |
| Advanced Crohn's | Severe hemorrhoids | Advanced pregnancy | Congestive heart failure |
| Cirrhosis | Fissure / fistulas | Recent colon or rectum surgery | Renal insufficiency |
| Advanced ileitis | Abdominal hernia | Severe cardiac disease (e.g. uncontrolled hypertension, valve disease) | |

Please sign below to acknowledge that you have reviewed the contraindication list

Client / Responsible Party Signature: _____ **Date:** _____

Colon Hydrotherapy is an effective method of cleansing your large intestine (colon). Your therapist does not diagnose disease or prescribe medication. It is your responsibility to provide pertinent health information and to inform the therapist of any changes. This facility does not claim to cure or treat any condition or disease. Services rendered are payable at the time of service unless special arrangements have been made prior to the service.

Client / Responsible Party Signature: _____ **Date:** _____

If under 18, the signature and attendance of a parent or guardian is required.

Colon Hydrotherapist Signature: _____ **Date:** _____