



A Therapeutic Effect

Personal Data

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

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: _____

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? ☐

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 _____%

Have you been diagnosed by a physician with any of the following conditions? (Please CIRCLE all that apply)

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

Hemorrhoids* **If you received a physician's diagnosis of hemorrhoids, treatment can only be administered if hemorrhoids have been inactive for 90 days AND you provide proof your physician's clearance.*

CONTRAINDICATIONS - If you have diagnosed by a physician with any of the following conditions, colon hydrotherapy CANNOT be administered

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
Colitis	Ulcerative Colitis	Black or Bloody Diarrhea	Diverticulitis
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.

OFFICE USE ONLY

Dietary Habits:

Sweets	Grains	Legumes	Soda	Tobacco
Coffee / Tea	Meat/Poultry	Processed Foods	Salads	Alcohol
Milk / Dairy Products	Salt	Fast Foods	Eggs	Yogurt
Fresh Vegetables	Frozen Vegetables	Canned Vegetables	Fish/Shellfish	Potatoes
Fresh Fruits	Frozen Fruit	Canned Fruit	Soy	Protein Bars

Notes:

Colon Hydrotherapist Signature:

Date: