

Email _____

Health History Questionnaire for Colon Hydrotherapy

Please PRINT and Answer all Questions:

Date: ____/____/____

NAME: _____ [cell ph] _____ [work ph] _____

ADDRESS: _____ City _____ State _____ Zip _____

OCCUPATION: _____ How Long? _____

HEIGHT: _____ WEIGHT: _____ BIRTH DATE: _____ AGE: _____

Are you Under a Physicians Care? _____ Name _____ Type: _____

(ICE) In Case of Emergency contact: _____ Relation: _____ Phone: _____

What is a contraindication? (*con-tra-in-di-ca-tion*) A contraindication is a specific health condition in which A drug, disease, procedure, treatment or surgery is inadvisable, as it may be harmful to the health of the patient.

*** Contraindications: [✓] and Date if ever had any of the Following:**

DATE

____ Abdominal Hernia
____ Abdominal Surgery
____ Abnormal Distension
____ Acute Liver Failure
____ Anemia
____ Aneurysm - All Types
____ Cancer-Type _____
____ Cardiac Condition
____ Crohns Disease
____ Colitis

DATE

____ Dialysis Patient
____ Diverticulosis/Diverticulitis
____ Fissures & Fistulas
____ Hemorrhaging
____ Hemorrhoidectomy
____ Intestinal Perforations
____ Lupus
____ Pregnant -(due date _____)
____ Rectal / Colon Surgery
____ Renal Insufficiencies

Please check [✓]

____ Hemorrhoids
____ Internal ____ External
____ Rectal / Blood in Stool
____ Recent Colonoscopy
____ Use Laxatives
____ BM Painful /Difficult
____ Burning / Itching Anus
____ Constipation/Diarrhea
____ Vomiting ____ Bloating
____ High Blood Pressure
____ Infectious Disease
____ Date of Last Menstrual
____ Allergic to Latex
____ Bladder Infection
____ Infectious Disease

Other _____

Please [✓] Date IF you have any above contraindications*.

I have NOT been diagnosed with any contraindications for colon hydrotherapy: Client Initials X_____

READ and INITIAL: I am aware that this Center uses FDA registered colon irrigation Devices and disposable colon nozzles.
I am aware Center has a Licensed Medical Director that may NOT be on site.

I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon Irrigation and enema devices. Should I experience resistance during the nozzle insertion, I will immediately stop my Session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session.
I am aware that Trained Therapists do not insert, diagnose, prescribe and do not cure or treat any condition or disease.

I have read and understand my responsibilities for colon hydrotherapy sessions: Client Initials X_____

[See a more complete list of possible side effects on back of Form.]

I have reviewed and discussed with the Device Trained Therapist that I do not have any Diseases, Contraindications or other Health Concerns and I wish to proceed with my colon hydrotherapy sessions:

CLIENT SIGNATURE: X_____ Date ____/____/____

(For Clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)

I have reviewed and discussed this clients Heath History. **Therapist Signature: X_____**

Notes: _____

How did you hear about us?

- Physician: _____ • Friend _____ • Paper _____
- Family Member _____ • Coupon where: _____
- Internet _____ • Colonic.Net _____ • Sign _____
- Other? _____

Client First Session Evaluation: Yes / No

Did Therapist review Contraindications and inquire to any health issues? _____

Were Device, Room, Restrooms Clean? _____

Were you Covered and Comfortable? _____

Were your results Satisfactory? _____

Will you recommend to family/friends? _____

Problems or Discomfort during session? _____

Please Explain: _____

How do you feel? _____

Client Signature:

X _____

Pre Paid Sessions INITIALS

#	Date	Therapist	Client
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Therapist Notes of Clients needs:

Flex cut _____ normal or needs _____ Inches

Likes _____ session room.

Other:- _____

PREPAID DISCOUNTED COLONIC SESSION PACKAGES SOLD AS FOLLOWS:

1. All Prepaid Discounted Colonic Sessions are to be used within six (6) months of purchase.
2. No Show appointments are counted as a used session without a 12 hour advance cancellation.
3. Health History should be updated after twelve sessions. No Refunds! Non-Transferable!

CLIENT SIGNATURE: X _____ Date ____/____/____

Possible Side Effects: Increased Energy, Nausea, Vomiting, Cramping, Light Headed, Excessive Gas or Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, Hemorrhoids: (which may be irritated, inflamed or bleed),

Precautions: Over Hydration: (may occur when multiple colonic sessions are done during a short period of time)

Perforation of Rectum / Colon, Irritation / Inflammation / Allergic Reactions of the rectum due to lubricant, Water Over temperature, Other Issues when colonic equipment is improperly used, failure to use approved disinfectants or perform the monthly and annual maintenance to prevent bacteria growth and/or operated by untrained therapists.