



Patient Information - Colon Hydrotherapy Therapy

Name: _____ Date of Birth: ____/____/____
Occupation: _____ Phone: _____
Email: _____
How did you find us? _____

You are ineligible to receive Colon hydrotherapy if you have any of the following:
Kidney Dialysis/Disease, Renal failure, or renal insufficiency (kidney failure),
Cirrhosis of the Liver, Pregnancy (first trimester).

You must provide a doctor's prescription to receive treatment today if you have any of the conditions listed below:

Anemia (severe), Aneurysm, Carcinoma, Cardiac Disease (severe, uncontrolled hypertension/high blood pressure), Crohn's Disease, Congestive heart failure, Diverticulitis (severe or acute), Fissures/fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (Incarcerated Abdominal), Prostatitis, Recent Abdominal Surgery (last six months), Tumors, Ulcerative Colitis.

Are you currently under doctor's care? Yes/No If so, why? _____
Do you take any medication, if so which ones? _____

Do you have any immune disorders? HIV+ _____ AIDS _____ Other _____
Allergies: What type? _____
Cancer: What type? _____
Surgeries: Which one and when? _____

Last X-rays? _____
Last series of Chemotherapy? _____
List any other disorders requiring hospitalization or doctor's care? _____

Have you ever had Vasovagal Syncope (Fainting Spells)? Yes/No
Have you ever had a colon hydrotherapy? Yes/No If so, last series? _____ Results? _____
Have you ever had a Barium Enema? Yes/No If so, what year? _____
Have you ever had a Colonoscopy? Yes/No If so, what year? _____
Have you ever had a Colon Surgery? Yes/No If so, what year? _____
Have you ever had a Rectal Surgery? Yes/No If so, what year? _____

What does your daily diet consist of? Circle that apply

- Meals with protein and starches Fish Coffee/Tea
White flour products Milk Bottled Water
Fast Food/Restaurants Cheese Alcoholic drinks
Packaged Foods Sugar Free/Fat Free Products Antacids
Red Meat Multi-Grain Products Aspirin
Late Night Snacks Fresh Fruits/Vegetables (Raw) Vitamins
Soft Drinks Canned Fruits/ Vegetables Cigarettes

Bowel movements:

- ___ One or more times per day
- ___ 2-3 times per week
- ___ Once per week
- ___ 2-3 times per month

Size: Small/Medium/Large
 Color: Blk/Red/Green/White
 Light Brown/Dark Brown
 Shape: Pencil/Pebbles/Log
 Thin/Flat

Do you need laxatives? Yes/No
 Odor? Yes/No
 Do you strain? Yes/No
 Have rectal bleeding? Yes/No

Do you use fiber? Yes/No If so, what kind? _____
 Do you exercise? Yes/No If so, how often? _____
 What are your health goals? _____

In case of emergency, whom should we call? Name: _____
 Relationship: _____ Phone: _____

I, the undersigned, hereby acknowledge that my therapist has not, is not and will not prescribe, (order for use as medicine) for me at any time and I, the undersigned, will not hold them accountable for such. The therapist is helping me with natural hygiene at my request and is not diagnosing, not treating disease, nor practicing any form of medicine. I confirm that I do not have the following contraindicated conditions which would make me ineligible for Colon hydrotherapy: Kidney Dialysis/Disease, Renal failure, or renal insufficiency (kidney failure), Cirrhosis of the Liver, Pregnancy (first trimester). By signing on the line below I am agreeing that the questions above were answered honestly to the best of my knowledge. If a series of sessions was purchased and I decide to cease my treatments, a refund will not be issued to me. I agree to have an open communication with my therapist about any concerns I have before, during, and after my colon hydrotherapy. I hereby give consent for this colon hydrotherapy treatment and release the person performing the colon hydrotherapy procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Signature _____ **Date:** _____

OFFICE USE ONLY

Colon Hydrotherapy Observations

System:	Closed Open	Notes
Scope:	Adult Child	_____
Rectum:	Piles-Int. Piles-Ext Fissure	_____
Anus:	Normal Pubic Coccyx	_____
Bowel:	Atonic Spastic Ptosis	_____
Waste:	Const. Diarrhea Chyme Normal	_____
Mucus:	Normal New Toxic	_____
Cecum:	Normal Heavy Toxic	_____
Water:	5-Gal 10-Gal 15-Gal 20-Gal	_____
Perist:	Normal Hyper Hypo	_____
Gas:	Putrefaction Fermentation	_____