



Patient Information - Colonic Hydrotherapy Therapy

Name: _____ Date of Birth: ____/____/____

Occupation: _____ Phone: _____

Email: _____

How did you find us? _____

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? _____

Do you receive chiropractic care? Yes/No If so, how often? _____

Do you receive massage therapy? Yes/No If so, how often? _____

Have you ever had Vasovagal Syncope (Fainting Spells)? Yes/No

Have you ever had a colonic 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? _____

Please circle if you have any of the following: 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.

If any are circled, colon hydrotherapy should be avoided, unless prescribed by a physician. If you do have any of these ailments, please provide a doctor's prescription to receive treatment today.

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 | Cigarette |

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: _____
 Phone: _____ Relationship: _____

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). I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment. 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	Colonic Observations	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	_____