



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). 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 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. 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:** \_\_\_\_\_

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**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    | _____ |