

COLON HYDROTHERAPY INTAKE FORM

Name: _____ Date: _____

Telephone (Home): _____ Cell: _____

Email Address: _____

Would you like to join our mailing list? _____ Yes _____ No

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ____ / ____ / ____ Age: _____

MEDICAL INFORMATION

Height: _____ Weight: _____

List Any Surgeries: _____

List Any Medication Taken Present: _____

CHECK THE BOXES THAT CONCERN YOU

<input type="checkbox"/> Constipation	<input type="checkbox"/> Craving for Food	<input type="checkbox"/> Prostate Problems	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Acid Reflux
<input type="checkbox"/> Low Sex Drive	<input type="checkbox"/> Depression	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> IBS
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Overweight	<input type="checkbox"/> Bloating	<input type="checkbox"/> Other Female Issues
<input type="checkbox"/> Poor Appetite	<input type="checkbox"/> Gas/Flatulence	<input type="checkbox"/> Skin Problems	
<input type="checkbox"/> Loss of Memory or Concentration	<input type="checkbox"/> Allergies	<input type="checkbox"/> Cold Hands/Feet	
	<input type="checkbox"/> Aches & Pains	<input type="checkbox"/> Nausea	

NUTRITION INFORMATION

Do you follow any specific diet? If yes, what? _____

Do you exercise? If yes, how often? _____

Activities you enjoy? _____

List Vitamins/Supplements Consumed: _____

Amount of water you drink (be honest): _____

Do you drink/smoke? If yes, how often? _____

Do you fast? _____

How you ever had a Colonic before? _____

How often are you moving your bowels? _____

Any family history of digestive disorders? _____

Referred By: _____

INFORMED CONSENT FORM

Cleansing Concepts, nor its associates do the following things, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure or treat any condition.
3. We make no claim or imply any claims to cure or treat any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition, or that its purpose is to treat any condition.
5. We do not prescribe or treat disease, however we do attempt to educate you in/on foods and good diet and exercise if it is not contradictory to the recommendations of your primary health care provider or physician.

I, undersigned client, understand the above statements. I, as the client, understand that diet and nutrition is considered to be an inexact science and that the results obtained are not always constant or predictable. Whether or not I participate in colon hydrotherapy is my decision, based on my rights of the ninth amendment. I must make all decisions relative to my well being and health. I further understand that Cleansing Concepts, is not a medical facility and none of its associates are attempting to portray themselves or conduct the activities of medical doctors. I also understand that the FDA registered equipment used in this procedure is intended for use in Colon Hydrotherapy. I further understand that I am in full control of the colon cleanse I receive and I may choose to stop the device at anytime I want, at my own will.

I, undersigned, am in full agreement that colon hydrotherapy is not a proven method, cure or treatment of disease or condition nor has it been portrayed as such. Colon Hydrotherapy is a self-administered procedure where I, as the user of the device, am solely responsible for my own actions and release the attending Technician, Facility, and Manufacturer from any liability regarding my health issues. The device being utilized in this facility is a gravity device, where I will self insert my own speculum and will be in full control of the procedure.

All results are contributive to research and the utilization in future programs of self health aid, while preserving my privacy, and waive any liability on behalf of the Technician serving me.

I, _____, have decided to undergo a Colon Hydrotherapy procedure.

Colon Hydrotherapy is intended to irrigate the lower bowel. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure.

I understand that I will insert a tube/speculum into my rectum, and agree that I will witness that the tubing is sterile from a new container; the technician using sterile or new instruments.

Possible side effects of Colon Hydrotherapy include but are not limited to:

1. Perforation of the rectum or colon; the risk of which increases with age. I agree that I am not over the age of 65 or under the age of 18. _____ Initial
2. Allergic reaction to nozzle or solution _____ Initial
3. Electrolyte imbalance _____ Initial
4. Infection. _____ Initial

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. _____ Initial

I understand that Colon hydrotherapy should be avoided by people suffering from the following, unless prescribed by a physician: 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. I confirm that I am not suffering from any of these ailments. _____ Initial. If I do have any of these ailments, I have a doctor's prescription to receive treatment today. _____ Initial

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this procedure. _____ Initial

This list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any medication or procedure.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this colon hydrotherapy treatment and release the doctor, the person performing the colon hydrotherapy procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Clients Signature _____ Date _____

Technicians Signature _____ Date _____

TECHNICIANS NOTES