

A HEALTHY OUTSIDE STARTS FROM THE INSIDE

Name: _____ Date: _____

Telephone (Home): _____ Cell: _____

Email Address: _____

Would you like to join our mailing list? Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Are you Currently under a MID or ND's care?

If yes, please explain and list Doctors name: _____

Have you ever had a Colonic before? If so, when? Date: _____

Other forms of detox: _____

List all known allergies: _____

List all surgeries within the last 5 years: _____

List all medications of Pro-biotic Supplements: _____

Are you pregnant? If so, how many months? _____

Bowel Habits and Elimination:

How many times do you have a bowel movement? ____/Day ____/Week

Bowel movement occurs (Check one): Only after eating Requires straining Effortless

Have you ever had rectal bleeding? If so, when? _____

Do you use any of the following (circle those that apply): Laxative Herbal laxative

Stool softener Suppositories Enemas

Health Challenges: please check any current health challenges & underline past problems:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> C.F.S. | <input type="checkbox"/> Cysts/Tumors | <input type="checkbox"/> Prostate Problem |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Belching | <input type="checkbox"/> Colitis | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Immune Disorder | <input type="checkbox"/> Birth Control Pills | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Flatulence/Gas | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Cancer | <input type="checkbox"/> Antibiotic Uses | <input type="checkbox"/> Gallbladder Issue |
| <input type="checkbox"/> Parasites | <input type="checkbox"/> Yeast infections | <input type="checkbox"/> Psyche Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Urination | <input type="checkbox"/> Breast Implants | <input type="checkbox"/> Irritability | |
| <input type="checkbox"/> Problems | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Dental Issues | |

Diet: List all the supplements you are currently taking:

- | | | |
|--|--------------------------------------|---|
| Coffee or Teas <input type="checkbox"/> /week | Sugar <input type="checkbox"/> /week | Dairy products <input type="checkbox"/> /week |
| Carbonated drinks <input type="checkbox"/> /week | Water <input type="checkbox"/> /week | Wheat Products <input type="checkbox"/> /week |

Are you vegetarian? Yes No

Are you following a Diet Program? (If so, what is the name?) _____

General:

What types of exercise do you do and how often? _____

Have you had dental work done in the last 6 months? Yes No

How many silver/mercury fillings do you have in your mouth? _____

What do you hope to achieve for this appointment? _____

CONTRAINDICATIONS: A contraindication is any indication or symptom that makes it inadvisable to use a particular therapy. The following are contradictions for colon hydrotherapy: If any of these apply to you, we are not able to treat you with colon hydrotherapy at the present time.

- | | |
|---|--|
| <input type="checkbox"/> Anal Fissure/Fistula(a tear in the colon) | <input type="checkbox"/> Rectal Bleeding (except for minor hemorrhoids) |
| <input type="checkbox"/> Hemorrhoids(Severe Bleeding) | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Anemia(Severe) | <input type="checkbox"/> Renal insufficiency |
| <input type="checkbox"/> Hernia(Abdominal/ Inguinal) | <input type="checkbox"/> Colostomy |
| <input type="checkbox"/> Aneurism | <input type="checkbox"/> Tumor in the Rectum or Large Intestine |
| <input type="checkbox"/> Kidney Dialysis | <input type="checkbox"/> Crohn's Disease (acute inflammatory of bleeding stages) |
| <input type="checkbox"/> Cardiac Disease(Severe,Uncontrolled Hypertension | <input type="checkbox"/> Ulcerative Colitis (Active or Bleeding) |
| <input type="checkbox"/> of Congestive Heart Failure) | <input type="checkbox"/> GI Hemorrhage/Perforation |
| <input type="checkbox"/> Pregnancy(up to 4 months) | |

**The listed conditions below requires a written referral front an MD or ND.
Please call us to discuss your situation. We will do what we can to help you.**

- Crohn's Disease (Regional Enteritis)
- Acute Colitis
- Several Diverticulosis/Acute Diverticulitis
- Colon Cancer(MD approval needed on integrity of colon)
- Colon Surgery (Jess than 6 months post-op needs MD approval on integrity of colon)

Please sign below confirming you do not have any of the following contraindications.

Client Signature: _____ Date: _____

COLON HYDROTHERAPY LIABILITY WAIVER:

Cancellation Policy: Because your therapist and treatment room time are specially reserved for you, a minimum of 24 hours notice is required for rescheduling/cancelling to avoid a full payment of the session. Please call or text(951)552-0167 to notify us. If you do not call, text or leave a voicemail to cancel your appointment, your appointment will automatically be canceled within 15 minutes.

Late arrivals will result in shortened treatment time. The full service charge will remain the same. Please be sure to arrive at least 15 minutes before your scheduled appointment to ensure time to fill out any forms for first-time services.

Disclaimer: Hydrotherapy is not intended to replace the relationship with your primary health care providers and Colon Hydrotherapy is not intended as medical advice. They are intended as a sharing of knowledge and information from my education, research, training, and experience. As Colon Hydrotherapists, we encourage you to be open to new information on the effectiveness of colon hydrotherapy and the fundamental role of diet, exercise, supplementation, stress management, and emotional/mental work. We encourage you to make your own health care decisions based upon your research and in partnership with your primary health care providers, ND, MD, or otherwise. **The information and service provided is not used to prescribe, recommend, diagnose, or treat a health problem or disease. It is not a substitute for medical care.**

Liability Waiver: I understand that the Colon Hydro Therapist does not diagnose illness, disease or any other physical or mental disorder. As much, the Colon Hydro Therapist does not prescribe medical treatment or pharmaceuticals. It has been made very clear to me that Colon Hydrotherapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Because a Colon Hydro Therapist must be aware of existing physical conditions, I have stated all my known medical limitations and take it upon myself to keep the Colon Hydro Therapist updated on my physical health. **I have read and understood the Cancellation Policy, Disclaimer Information and Liability Waives. I have also read the list of contraindications and confirm that I DO NOT have any of the conditions listed above.**

Client Signature: _____ Date: _____

**Notice Designed to comply with the State of California Guidelines in
The Business and Professions Code of the State of California:Section 2053.6
All clients must read, understand, and sign this disclosurea**

Colon Hydrotherapy services provide at this center complies with Section 2053.6 to the Business and Professions Code of the State of California. In compliance with the Code, you must be advised:

A) There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a Colon Hydrotherapist, they are not a physician. This means and implies that they cannot and will not:

- Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
- Administer or administer X-ray radiation to another person.
- Prescribe or administer legend drugs or controlled substances to another person.
- Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
- Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.
- Set fractures.
- Treat lacerations or abrasions through electrotherapy.
- Hold out, state, indicate, advertise, or imply to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.

B) Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.

C) The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state.

D) The session of Colon Hydrotherapy includes the following procedures:

- The client will insert and retract the speculum.
- Warm (temperature and pressure controlled) water will flow into the colon softening the fecal material, which will be released through normal peristalsis into the sewer.
- Your dignity and modesty will be maintained at all times.
- The session will last approximately 30-45 minutes.

E) The theory of treatment upon which Colon Hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of the modality. However, many cultures and societies believe that a clean colon can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report they feel better after a Colonic. On the other hand, there is a growing number of health care practitioners that believe in the concept of auto-intoxication, That a sluggish bowel (one that is not regular) allows the body to reabsorb toxins from the colon. His theory may or may not have validity depending on who you listen to, but we know there is increased level of toxins in our environment and common sense tell us that anything we can do to assist the body of ridding itself of toxins should have some value.

F) Cecily-Bing Ding has been certified and follows the I-ACT Standard Operating Procedures Regulations and Guidelines I have acknowledged that I have read the about disclosure and have been given a copy of the document. This information was provided to me in language I can read and understand.

Client Signature: _____ Date: _____