

● Confidential History ●

Please PRINT and Answer all Questions:

NAME: _____ Home Ph: _____ Work Ph: _____

ADDRESS: _____ City _____ State _____ Zip _____

OCCUPATION: _____ How Long? _____

HEIGHT: _____ WEIGHT: _____ BIRTHDATE: _____ AGE: _____

Why have you chosen to have a Colonic / Colon Hydrotherapy session(s)? Please check (✓) all that apply:
 Doctor Suggested / Prescription _____ Ninth Amendment Right to Self Treat _____ Other _____

***Contraindications: * Have you ever been diagnosed with any of the following:**

- | | |
|--|--|
| <input type="checkbox"/> Abdominal Hernia | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Dialysis Patients |
| <input type="checkbox"/> Abdominal Distention | <input type="checkbox"/> Diverticulosis/Diverticulitis |
| <input type="checkbox"/> Acute Liver Failure | <input type="checkbox"/> Fissures & Fistulas |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hemorrhaging |
| <input type="checkbox"/> Aneurysm – All Types | <input type="checkbox"/> Hemorrhoidectomy |
| <input type="checkbox"/> Carcinoma of the Colon | <input type="checkbox"/> Intestinal Perforations |
| <input type="checkbox"/> Cardiac Conditions | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Chrohns Disease | <input type="checkbox"/> Pregnant (due date _____) |
| <input type="checkbox"/> Are you currently taking any medications which may weaken the intestinal walls? | <input type="checkbox"/> Rectal / Colon Surgery |
| | <input type="checkbox"/> Renal Insufficiencys |

- BM Painful/Difficult
- Bladder Infection
- Blood in Stool
- Burning/Itching Anus
- Heart Trouble
- High Blood Pressure
- Infectious Disease
- Hemorrhoids
- Rectal Bleeding
- Recent Barium Enema
- Recent Colonoscopy
- Strain
- Use Laxatives
- Vomiting

How often do you have Bowel Movements? _____

Are you under a Doctor's Care? _____ Explain: _____

I have not been diagnosed with any contraindications for colon irrigation. (See above*).

I am aware that Colon Hydrotherapists are not Physicians and therefore do not insert, diagnose or prescribe. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own self-insertion, if I experience resistance during the insertion, I will immediately stop and notify the therapist. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session and notifying the therapist! This facility does not claim to cure or treat any condition or disease.

CLIENT SIGNATURE: **X** _____ Date ____/____/____

(For Clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)