



Colon Hydrotherapy Client Information

Today's Date: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: - Home: _____ Office: _____ Cell: _____

Email Address (please write clearly): _____

Occupation/Employer: _____ How did you find out about us? _____

Emergency Contact: _____ Phone Number: _____

Have you had a colonic or an enema before? _____ If so, when? _____ Where? _____

With who? _____ How was the experience? _____

How many times a day do you have a bowel movement? _____ How many per week? _____

Have you ever been treated for pathology of the colon? _____ When? _____ What type? _____

When have you observed blood in your stool? _____ Have you ever observed mucus in your stool? _____

Do you experience diarrhea or constipation? Please describe: _____

Do you have any immune disorders? HIV+ _____ AIDS _____ Other _____

Do you have family history of colon problems? _____ Please describe: _____

Please describe any surgery: _____

List all medications and Prescribing Doctors: _____

Do you have hypertension or high blood pressure? _____ How is it controlled? _____

Low blood pressure? _____ When was your last reading? _____

Please list the foods you've eaten in the past 24 hours: Breakfast: _____

_____ Lunch: _____

_____ Dinner: _____

_____ Other: _____

Is this your typical diet? _____ What snacks & food do you crave? _____

Do you eat late at night? _____ Describe: _____

Is your diet high in fiber or bulk? _____ What kinds? _____

Do you take Laxatives? _____ What types? _____

Do you take any dietary supplements or herbs? Please describe (pills, liquid extract, tea, brand name): _____

Do you desire nutritional and herbal guidance or support? _____

When was the last time you took antibiotics? _____ What was it for? _____

Are you aware of probiotics? _____ Did you take some after your antibiotic use? _____

Please check all of the following that you've had in the past week: _____ Coffee _____ Alcohol

_____ Soda _____ Black Tea _____ Sugar _____ Tobacco

Do you sleep well? _____ How many hours nightly? _____

What are the stresses in your life? _____

What activities help with stress reduction? _____

How often do you do these activities? _____

Prioritize the following list (#1-5) as they are:

_____ Work _____ Family _____ Self-Care _____ Meal Planning _____ Spiritual Practice

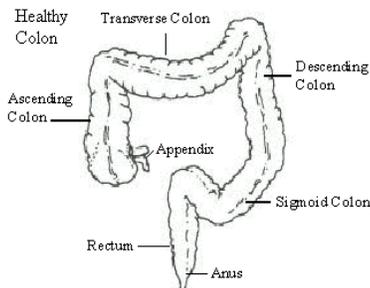
Now prioritize the following as you would like them to be:

_____ Work _____ Family _____ Self-Care _____ Meal Planning _____ Spiritual Practice

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Please mark Yes or No for the following conditions. If it was a health concern in your past, mark 'P' and the year.

Are you pregnant? _____ When are you due? _____ Who is your midwife/doctor? _____
 When was your last Sigmoid or Colonoscopy? _____ What were the results? _____
 Who was your GI doctor? _____ Do you have diabetes? _____
 Acute Fecal Impaction _____ Parasitic Infections _____
 Irritable Bowel Syndrome _____ Constipation _____
 Colitis _____ Mucous Colitis _____
 Diverticulosis (Pocket Outward Pouching) _____ Diverticulitis (Infected Pocket) _____
 Hyper / Hypothermia _____ Kidney Insufficiency or Failure _____
 Crohn's Disease _____ Ulcerative Colitis _____
 Severe Hemorrhoids _____ Acute Fistula _____
 Rectal Fissure _____ Intestinal Ulcers _____
 Bleeding Colitis _____ Aneurysm _____
 Gastro-Intestinal Hemorrhage or Perforation _____ Recent Abdominal Liposuction _____
 Recent Colon or Rectal Surgery _____ Other Recent Surgery _____
 Abdominal Radiation _____ Acute Inflammatory Pathology of the Colon _____
 Congestive Heart Failure _____ Cirrhosis of the Liver _____
 Do you have a hernia? _____ Where? _____ Has it been patched? _____
 Please shade in any areas that are a current or past concern on the below diagram, and initial after reading the box below: Initial here: _____ List all know allergies _____



Who would NOT be a candidate for colon hydrotherapy treatments? If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor. If you are diagnosed with diverticulitis, ulcerative colitis, Crohn's disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an abdominal hernia, have had recent colon surgery or renal insufficiency then you would **NOT** be a candidate for colon hydrotherapy treatments. Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy and under the direct supervision and advice from their physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

What are you hoping to attain from your Colon Hydrotherapy sessions? _____

Do you have any health symptoms you would like to improve? _____

How do you feel today? _____

Be aware that every therapy, service, and product described or presented at Absolute Health is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. The colon hydro-therapist does not diagnose, treat, or prescribe.

I, _____ agree that the above information is accurate to the best of my knowledge. I give Absolute Health Medical Center permission to share information with the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I have reviewed a copy of Absolute Health Medical Center's policies and disclaimer, as well as a list of the contraindications for colon hydrotherapy and I hereby agree that I am responsible for my health and the services received here.

Client Signature _____ Date _____

Prescribing Doctor's name _____ Phone Number _____

- DISCLAIMER -

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I have not been diagnosed with any contraindications for colon irrigation. (See above*.) I am aware that colon irrigation treatments by the therapists at Absolute Health Medical Center are not designed to diagnose your condition. I am aware adverse events such as perforations, injury, and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own insertion. If I experience resistance during the insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session. I agree that the information I have given is accurate to the best of my knowledge. I give Absolute Health Medical Center permission to share information with the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I have reviewed a copy of Absolute Health Medical Center's policies, as well as a list of the contraindications for colon hydrotherapy and I hereby agree that I am responsible for my health and the services received here. I am aware of my 9th Amendment Rights to practice alternative health modalities.

Note: Clients must be 18 years of age or older.

- For woman on their menstrual cycle: It is perfectly fine to have colonics during menstruation.
- Please help keep this a chemical free space and avoid the use of perfumes, products or smoking of any sort prior to your visit. Thank you for considering others.
- Please arrive in a calm, relaxed state on time for your appointments. Thank you!

SUGGESTION BOX

We appreciate your suggestions in seeking a better way to serve you. Thank you for your input! The box is located on the counter next to the business cards. Evaluation forms are provided.

PAYMENT POLICIES

- Initial Session: (90 minutes) \$108
- Subsequent Sessions: (60 minutes) \$100.00 Regular repeat sessions are scheduled for 60 minutes.
- Health Inspiration Consultations \$120.00/hour for non-clients
\$60.00/hour for current clients.
- Absolute Health Membership Price: \$75 for Initial & \$70 for Follow Up Sessions

- **Cash and checks are preferred.** We also accept ALL major credit cards.

- **WE Do bill INSURANCE** if pre-approved.
- Price reductions available when appropriate and feasible.
- All appointments are scheduled considering a reasonable grace time. Promptness is appreciated. If you expect a delay, notification may be helpful and a shortened appointment time may be necessary. Full fees are still expected.
- \$60.00 an hour is the fee for consultation for current clients. Additional time for sessions will be subject to this fee when longer appointment time is required.
- Please respect our scheduled appointment time. I request 24-48 hours notice if you wish to reschedule or cancel. Appointments rescheduled or canceled less than 24 hours in advance will be charged as a missed appointment and billed at ½ the rate.

- An educational consultation during your initial session is provided when appropriate.

- Clients must be 18 years of age or older.

Many blessings of health and joy to you and yours!