

Colonic Hydro-Therapy Intake Form



Advance
Detox
Center

Colonic Hydrotherapy for Men & Women

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Emergency Contact Name

Phone #

Would you like to receive appointment reminders via text or email?

Yes

No

How did you hear about us?

Have you ever had a Colonic before?

Yes No

If "YES" where?

Did you have a good experience?

Yes No

Bowel Health

Do you suffer from constipation?

Yes No

Do you use laxatives or stool softeners?

Yes No

Do you have to strain to have a bowel movement?

Yes No

Does your bowel movement feel complete?

Yes No

Do you have hemorrhoids?

Yes No

Medical History

Please check all that apply:

Female Clients: Are you pregnant or nursing?

Yes No

Are you diabetic?

Yes No

Are you currently taking any medications?

Yes No

If yes, please list:

Do you have any allergies?

Yes No

If yes, please explain:

Do you have any contagious diseases?

Yes No

If yes, please explain:

Please list any other illness/condition you are currently being treated for by a medical professional:

Please list any surgeries you have had in the past 5 years:

Contraindications for Colon Hydro-Therapy

Please select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Uncontrolled hypertension/ heart failure | <input type="checkbox"/> Hernia abdominal/inguinal |
| <input type="checkbox"/> Cirrhosis of the liver | <input type="checkbox"/> GI hemorrhage/perforation |
| <input type="checkbox"/> History of aneurysm/ blood clots | <input type="checkbox"/> Anal Fissure/fistula |
| <input type="checkbox"/> Active Colitis or Crohn's | <input type="checkbox"/> Tumor in the rectum or colon |
| <input type="checkbox"/> Recent abdominal surgery | <input type="checkbox"/> Colostomy |
| <input type="checkbox"/> Kidney dialysis/Renal Insufficiency | <input type="checkbox"/> Active IBS |
| <input type="checkbox"/> Cancer of the colon/carcinoma | <input type="checkbox"/> Severe Anemia |

Contraindications: Colon Hydro-therapy is not suitable for everyone, if you have "checked" any of the above contraindications you will need a written medical release from your doctor to receive a colon hydro-therapy treatment.

PLEASE READ IN FULL BEFORE SIGNING:

Informed consent:

I, _____ have decided to undergo a Colon Hydro-therapy treatment. Colon hydrotherapy is intended to irrigate the large intestine with the use of an FDA- approved Colon Hydro-therapy device: Angel of Water system for the Open Colonic system and the Aquanet EC 2000 for the Closed Colonic system. I understand there may be benefits resulting from this session; however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this session.

I, understand that I will self-insert a speculum into my rectum and agree I will witness that the tubing is sterile from new packaging the certified therapist is using.

I will inform the certified therapist of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly or I may end my session at any time.

Disclaimer: Colon Hydro-therapy is not intended to replace the relationship with your primary health providers and our consultations as Colon Hydro-Therapists is not intended as medical advice. The information and service provided is not used to prescribe, recommend, diagnose nor treat any health problem or disease. It is not a substitute for medical care.

Refunds: I, understand there is absolutely NO-REFUNDS for any services or packages. All packages expire 1 year from purchase date, no exceptions will be made.

24-HOUR CANCELLATION POLICY: I understand that a 24-hour notice is required for all cancellations or to reschedule. I will pay in full for any late or cancelled appointments less than 24- hour notice. If you are calling after hours, please leave a detailed message with your full name, phone number and appointment information, our voicemail has a date and time when messages are left. You may also email to info@detoxwithcolonics.com if you need to cancel after hours, in which will show date and time the email was sent.

Payment Policy: All major credit cards and cash are accepted. Clients are requested and expected to pay for any and all visits, services and supplements at the time rendered.

By signing below: I have completed this form to the best of my ability and knowledge. I agree to inform the therapist of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the therapist of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly or I may end my session. I hereby give consent for this Colon Hydro-therapy treatment and release the certified therapist, the person performing the Colon hydro-therapy session and the Facility Advance Detox Center from liability associated with this and all subsequent treatments with the above understood.

Name Printed

Signature

Date