

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Birth date _____ Age _____ Occupation _____

Marital Status _____ # of children _____

Emergency contact: Name and Phone # _____

How did you hear about us? _____

Have you ever received Colon Hydrotherapy? _____ If so, how many? _____

How many bowel movements do you usually have per day? _____

Do you take Laxatives? Y/N If so, how often? _____

How much water do you drink daily? _____

How often do you exercise? _____ What type of exercise? _____

Do you follow a special diet or Nutritional Program? _____

What is your #1 health goal or concern at this time? _____

List of medications/supplementations _____

Allergies _____

Surgeries _____

Please check all the following symptoms, WHICH YOU NOW HAVE OR HAVE HAD IN THE PAST. Be as thorough as possible. Your health history is strictly confidential.

General Symptoms

Headache
Fever
Chills
Night sweats
Fainting
Dizziness
Seizures
Insomnia
Fatigue
Anxiety
Depression
Cancer
High blood sugar
Low blood sugar
Back/Neck pain
Infectious disease

Eyes, Ears, Nose, Throat

Poor vision
Double/Blurred vision
Eye pain
Hard of hearing
Earache
Ringing in ear
Nose bleeds
Sinus infections
Swollen tonsils
Enlarged lymph glands
Frequent colds

Skin

Rash
Itching
Bruises easily
Dryness
Eczema
Varicose Veins
Psoriasis

Respiratory

Chronic cough
Asthma
Shortness of Breath
Bronchitis
Emphysema

Cardiovascular

High Cholesterol
Poor circulation
Rapid heart beat
Slow heart beat
Irregular heart beat
Chest pain
Heart attack
Heart Disease
Congestive heart failure
Swelling in ankles
Anemia

Genito-urinary

Frequent urination
Painful urination
Blood in urine
Kidney trouble
Incontinence
Prostate trouble

Gastro-intestinal

Poor appetite
Excessive hunger
Difficult digestion
Belching
Gas
Bloating
Heartburn
Fistula or Fissures
Nausea/Vomiting
Abdominal pain
Constipation
Diarrhea
Changes in stool
Bloody or Black stools
Intestinal parasites
Candida
Liver trouble
Gallbladder trouble
Jaundice
Hemorrhoids
Colitis
BM painful/difficult/strain
Diverticulosis

SCREENING FOR COLON HYDROTHERAPY

CONTRAINDICATIONS (current conditions or in the Last 6 months):

ANAL FISSURE (acute, painful crack or tear)
ANAL FISTULA (infected anal fissure)
ABDOMINAL ANEURYSM
CROHN'S DISEASE
COLON CANCER
COLON, RECTAL, OR ABDOMINAL SURGERY (less than 6 months ago)
DIVERTICULITIS (not contraindicated if you have had no episode within 6 months AND you are currently symptom free)
INTESTINAL PERFORATIONS
SEVERE HEMORRHOIDS (now painful or bleeding)
HERNIA, UNREPAIRED (abdominal or inguinal)
KIDNEY DIALYSIS
CIRRHOSIS/ASCITES
RENAL INSUFFICIENCY/RENAL FAILURE
RECTAL BLEEDING (current)
ULCERATIVE COLITIS
UNCONTROLLED HIGH BLOOD PRESSURE
CONGESTIVE HEART FAILURE
PREGNACY (current, and until 6 weeks post partum)

*******IF YOU MUST CURRENTLY ANSWER YES TO ANY OF THE ABOVE,
PLEASE HAVE YOUR COLONIC SESSION AT ANOTHER TIME*******

INFORMED CONSENT for COLON HYDROTHERAPY

COLON HYDROTHERAPY (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, gas, mucus, toxins and bacteria. The client positions self on a single-use, disposable, sterile rectal nozzle and triple-filtered, purified warm water flows slowly into the colon.

During the 40 minute session a total of approximate 8 gallons of water will gently flow into and out of the large intestine. By signing below, client acknowledges full instructions for use has been given. Body Flow Wellness uses a FDA Registered Class II state-of-the-art, open system called Angel of Water, which allows the client as much privacy as she/he desires. The colon hydrotherapist is always available to be present in the room with the client during each session as per the client's expressed wishes.

Side effects and risk factors are very uncommon, but can occur; consequently, in rare instances, such effects and factors, included but not limited to: fatigue, nausea, flu-like symptoms (from toxins being released), and/or tear of the anus, rectum, colon. Hemorrhoids may become irritated, inflamed or bleed.

By signing below, I understand the risks and benefits of colon hydrotherapy. I authorize the colon hydrotherapist to administer the service of Colon Hydrotherapy. I acknowledge colon hydrotherapy is not intended to replace or be a substitute for medical care. I am aware that the Colon Hydrotherapist is not a physician and cannot diagnose, treat or prescribe.

~ I affirm that I understand the purpose and potential risks of the procedure, and that it is an elective service.

~I hereby release Body Flow Wellness, LLC from any and all liability which may occur in connection with the above mentioned procedure.

~I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.

CANCELLATION POLICY: Your appointment time is booked just for you. As a professional courtesy to other clients and staff, we request a 24 hour notice if you must cancel or reschedule your appointment. **NO CALL/NO SHOWS will be charged 100% of total services booked.**

Signature of Client (or of Guardian if under age 18)

Date