



Colon Hydrotherapy Clients



Name:

Date:

Have you ever had colon hydrotherapy?

If so, how many?

How often?

Over what period of time?

How long since your last colonic?

How many bowel movements per day do you usually have?

How would you best describe your bowel movements?

Straining?

With ease?

Discomfort?

Have you ever had a barium enema?

Yes

No

When?

Have you ever had a sigmoidoscopy?

Yes

No

When?

Have you ever had a colonoscopy?

Yes

No

When?

Describe the type and frequency of your discomfort as well as any activity that aggravates the condition.
(Example: dull, sharp, off and on, when standing, sitting, driving, etc.)

When were you aware of this problem?

What caused it?

Is the condition getting worse?

What are you doing to get relief?

Do you use a stool softener or laxative? Yes

No

Herbal laxative? Yes

No

Do you have hemorrhoids? Yes No

If you have any other rectal problems, please describe:

Have you ever had bleeding from any other bodily orifices? Yes

No

If so, please explain:

Colon Hydrotherapy Clients - Health Conditions



Name:

Date:

Please place only one check mark next to each condition. Mark whether you have had that condition within the last 30 days OR... if you have had that condition in the past.

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Within 30 days</td> <td style="padding: 2px;">In the Past</td> </tr> </table>	Within 30 days	In the Past	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Within 30 days</td> <td style="padding: 2px;">In the Past</td> </tr> </table>	Within 30 days	In the Past	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Within 30 days</td> <td style="padding: 2px;">In the Past</td> </tr> </table>	Within 30 days	In the Past
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Recent constipation	Family history of colon cancer	Heart disease						
Chronic constipation	Underweight	Cancer						
Diarrhea	Overweight	Candida						
Parasites	Diabetes	Body odors						
Colitis	High cholesterol	Heartburn						
Ulcerative colitis	High blood pressure	Obesity						
Bowel impactions	Low blood pressure	Dizziness						
Hemorrhoids	Frequent headaches	Fainting Spells						
Diverticulitis	Migraine headaches	Nervousness						
Bloody or black stools	History of seizures	Bloating						
Fistula or fissures	Insomnia	Hepatitis						
Ulcers	Irritability	Anemia						
Hernia	Shortness of breath	Arthritis						
Crohn's disease	Chronic cough	Emphysema						
Abdominal pain	Painful menstruation	Bronchitis						
Vomiting	Vaginal discharge	Asthma						
Change in stool	Breast pain	Fatigue						
Gas, belching	Poor circulation	Depression						
Low blood sugar	Painful urination	Liver trouble						
Kidney failure	Blurred vision	Bruise easily						
Gallbladder disease	Kidney stones or infection	Dry skin						
Prostate trouble	Enlarged thyroid	Skin rash						



Contraindications for Colon Hydrotherapy

- ❖ Severe cardiac disease; e.g. uncontrolled hypertension
- ❖ Congestive heart failure or organic valve disease
- ❖ Aneurysm
- ❖ Severe Anemia
- ❖ GI hemorrhage / perforation
- ❖ Severe hemorrhoids
- ❖ Cirrhosis
- ❖ Carcinoma of the colon or rectum
- ❖ Fissures / fistulas
- ❖ Advanced pregnancy
- ❖ Abdominal hernia
- ❖ Recent colon or rectum surgery
- ❖ Renal insufficiency
- ❖ Advanced Crohn's
- ❖ Advanced ileitis

If you have any of the conditions listed above,

Colon Hydrotherapy can NOT be done!

Please sign that you have reviewed the contraindication list.

Name:

Signature _____

Date _____



Name: _____

Colon Hydrotherapy is an effective method of cleansing your large intestine (colon). Your therapist does not diagnose disease or prescribe medication. It is your responsibility to provide pertinent health information and to inform the therapist of any changes. The office will provide a form to assist you in collection from your insurance company, however, services rendered are payable at the time of service unless special arrangements have been made.

RELEASE: I understand and agree that Colon Hydrotherapy services provided by this State Certified Colon Hydrotherapist are provided pursuant to and in accordance with the laws of the State of Florida governing Colon Hydrotherapy. I agree to hold harmless, release and indemnify this State Certified Hydrotherapist with all relevant information necessary for the proper application of Colon Hydrotherapy and I expressly give my permission for this State Colon Hydrotherapist to provide such therapy.

Failure to give 24 hours notice of cancellation will result in your being billed for the treatment.

Signature _____

Date _____

IF YOU ARE A FEDERAL, STATE, OR LOCAL AGENT, UPON ENTERING THESE PREMISES, YOU MUST DECLARE SAME UNDER THE BIVENS ACT – ARTICLE 42, BE HELD PERSONALLY AND INDIVIDUALLY RESPONSIBLE.