



COLONIC HYDROTHERAPY CONSENT FORM

CONTACT INFORMATION

Name Date

Address

Phone (Hm) (Mbl) (Wk)

Email Tick if you'd like to receive our monthly email newsletters.

Gender Male Female Marital Status Married Single Domestic Partner

Children No Yes - ages

Occupation

Hobbies & Activities

Emergency Contact Name

Relationship Ph (Mbl) Ph (Hm).....

Physician Ph

Have you ever had colon hydrotherapy? Yes No (If yes, when and your reasons for having one).

How did you learn of our services?

Please state your reasons for and expectations from receiving colon hydrotherapy?

What other therapies do you use regularly?.....

Are you pregnant?..... Yes No Is there any chance you might be pregnant?..... Yes No

Are your periods regular? Yes No Do you suffer from PMS?..... Yes No

Do you take birth control pills?..... Yes No Do you take hormone supplements? Yes No

DAILY NUTRITION AND HABITS

What would you eat and drink typically throughout a day?

Breakfast..... Drinks

Lunch..... Drinks

Mid Afternoon Drinks

Dinner Drinks

Evening Drinks

Alcohol, what and how often Recreational Drugs

Do you exercise, please offer details?

How would you rate stress levels low moderate high very high?

Are circumstances in your life increasing your usual stress level? Yes No Explain

VITAL HEALTH INFORMATION

In order to provide the best possible care and to insure optimum results from your hydrotherapy session, the following information is essential. Please complete this section thoroughly and completely. All information contained herein, is strictly confidential.

Prescription medication

Supplements.....

Over the counter medication

List all known allergies.....

List the type and year of all surgeries and major illness

.....

Have you ever had? (Tick if YES) Colonoscopy Sigmoidoscopy Barium Enema Rectal Surgery

Do you suffer from constipation? No Yes Occasionally. How Long?

Do other members of your family suffer from constipation? No Yes (Parent, sibling, etc.).....

VITAL BOWEL HEALTH INFORMATION

An ideal bowel movement is medium brown, smooth and glossy. It leaves the body easily with no straining or discomfort. It should have the consistency of toothpaste, and be 10cms - 20cms long. Stool should enter the water smoothly and slowly fall once it reaches the water.

There should be little gas or odour. If this is not your experience, please describe your stools.

Formed large and lumpy Formed medium width but with cracks on surface Very soft and unformed or liquid

Small hard goat pellets Soft fluffy but smaller pieces Thin smooth sausage

Other please describe

How often do you empty your bowels?.....

Do you feel that you have fully emptied your bowels? Yes No

Do you strain to have a movement? Yes No

Do you have a problem emptying your bowels at work or in a public loo? Yes No

Yes No

Do you suffer from diarrhoea?

Do you suffer from alternating periods of constipation and diarrhoea?

Do you suffer from hemorrhoids? Internal External Both / Mild Moderate Severe

Have you ever had hemorrhoids surgically corrected? When?.....

Do you take laxatives? What type? How often?.....

Do you take diuretics? What type? How often?.....

Do you take fibre? What type? How often?.....

Do you take stool softeners? What type? How often?.....

Have you ever taken psyllium? When?.....

Colon hydrotherapy is a process, not a quick cure. Multiple sessions combined with good eating habits and regular exercise is necessary to achieve optimum results. It is advised before beginning diet, exercise, or other complementary modalities, to discuss it with your physician.

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate.

.....
Client Name (Printed)

.....
Client Signature

.....
Date