

COLON HYDROTHERAPY



NAME: _____ **BIRTHDAY:** _____

ADDRESS: _____
CITY STATE ZIP

EMAIL: _____ **PHONE #:** _____

HEIGHT: _____ **WEIGHT:** _____ **OCCUPATION:** _____

HOW DID YOU HEAR ABOUT US? _____
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

WELLNESS GOALS (choose all that apply):

<input type="checkbox"/> Increased Energy	<input type="checkbox"/> Preventative Health Measures
<input type="checkbox"/> Cleanse the Body	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> Reduce Stress	<input type="checkbox"/> Other:

Are you under the care of a physician? Yes No Details: _____

GENERAL HEALTH INFORMATION

PLEASE INDICATE ANY OF THE FOLLOWING SYMPTOMS THAT CURRENTLY APPLY TO YOU. ON A SCALE OF 1-10, WITH 1 BEING THE WORST, PLEASE RATE THE SEVERITY OF YOUR SYMPTOMS.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Bladder Infections | <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Use Laxatives |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Chills | <input type="checkbox"/> Recent Colonoscopy |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Rectal Bleeding | <input type="checkbox"/> Vomiting | <input type="checkbox"/> High BP |
| <input type="checkbox"/> Sweats | <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Belching/Gas | <input type="checkbox"/> Recent Barium Enema |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Overweight | <input type="checkbox"/> Difficult Digestion |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Liver Trouble | <input type="checkbox"/> Unexplained Weight Loss | |

CONTRAINDICATIONS

DO ANY OF THE FOLLOWING APPLY TO YOU?

- | | | |
|---|--|--|
| <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Abnormal Distention | <input type="checkbox"/> Diverticulosis |
| <input type="checkbox"/> Hernia Dialysis | <input type="checkbox"/> Acute Liver Failure | <input type="checkbox"/> Fissures & Fistulas |
| <input type="checkbox"/> Hemorrhaging | <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Carcinoma of the Colon | <input type="checkbox"/> Intestinal Perforations | <input type="checkbox"/> Hemorrhoidectomy |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Lupus | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Rectal/Colon Surgery | <input type="checkbox"/> Renal Insufficiencies |
| <input type="checkbox"/> Colitis | | |

Are you currently taking any medications which may weaken the intestinal walls? Yes No

Any other symptoms or conditions (HIV, Hepatitis A, B or C, etc.) _____

How many bowel movements do you have a day? _____

How many bowel movements do you have a week? _____

How much water do you drink a day? _____

Have you had a professional colon hygiene/lower bowel evacuation session before? Yes No
 If yes, where and when? _____

PLEASE DESCRIBE WHAT YOU HAD TO EAT YESTERDAY:

Breakfast	Lunch	Dinner	Snacks

COLON HYDROTHERAPY



CLIENT CONSENT

A Colonic or Colon Hydrotherapy is intended to clean the colon by removing build up in the large intestine. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure however, I understand and agree that no guarantees have been made as to the effectiveness or outcome of this procedure.

I understand that either the Colon Hydrotherapy technician will insert a tube into my colon and agree that I will witness the technician using sterile and new instruments. Following the procedure, I will witness the proper disposing of the nozzle that was used.

The possible side effects of Colon Hydrotherapy include but are not limited to:

- Perforation of colon, the risk of which increases with age, and I agree that I am not over the age of 65.
- Allergic reaction to nozzle.
- Electrolyte imbalance.
- Infection from contamination.

I understand that Colon Hydrotherapy should be avoided by people suffering from diverticulitis, Crohn's disease, ulcerative colitis and severe tumors or hemorrhoids in the rectum. It should also be avoided soon after a bowel surgery. People suffering from kidney or heart problems should also avoid regular colon hydrotherapy. People suffering from bowel, anal or rectal pathologies should avoid Colon Hydrotherapy because the pathology may contribute to the risk of bowel perforation.

I understand that certain medical treatments may have adverse effects on persons of a young age and agree that I am not under the age of 18.

I confirm that I am not a woman who is pregnant, nursing, or trying to become pregnant as this would make me an unsuitable candidate for this procedure.

This list is not meant to be inclusive of all possible risks associated with Colon Hydrotherapy as there are both known and unknown side effects associated with any medication or procedure.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMED CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISKS. I HEREBY GIVE CONSENT FOR THIS COLON HYDROTHERAPY TREATMENT AND RELEASE THE DOCTOR, THE PERSON PERFORMING THE COLONIC AND REMEDI ELITE DAY SPA LLC FROM LIABILITY ASSOCIATED WITH THIS AND ALL SUBSEQUENT TREATMENTS WITH THE ABOVE UNDERSTOOD.

SIGNATURE: _____ **DATE:** _____

POLICIES AND PROCEDURES

IN ORDER TO ASSURE THE BEST CARE TO OUR CLIENTS AND STAFF, PLEASE BE AWARE OF THE POLICIES AND PROCEDURES LISTED BELOW.

ARRIVAL: We request that you arrive approximately 15 minutes prior to your scheduled Colon Hydrotherapy. Late arrivals will render the remainder of the scheduled service.

SCHEDULING APPOINTMENTS: To hold your appointment, a credit card is required at the time of scheduling. Additionally, payment is required when scheduling online.

CANCELLATION POLICY: You will be emailed, called and/or texted to confirm 1-2 days prior to your appointment. As a courtesy to our clients and staff, it is company policy for all clients to give a 24 hours' notice of cancellation. Failure to do so will result in a 50% charge of your scheduled treatment. Clients who miss their appointments without giving any prior notification will be charged in full for the missed treatment.

GRATUITY: Gratuities may be paid in cash or charged to your credit card upon request. The amount you leave is at your discretion however, 15-20% is customary.

REFUNDS: Services are final sale. Gift cards and laser packages are non-refundable but may be transferable. All jewelry is final sale. Skin care and body care products are returnable within two weeks of purchase with a receipt.

BY SIGNING BELOW, I AGREE TO THE TERMS OF THESE POLICIES AND PROCEDURES.

SIGNATURE: _____ **DATE:** _____