



Client Information: _____ Date: _____

I am here for a: Colon Hydrotherapy _____ Iridology _____ Total Body Detox _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Cell

Phone: _____

Occupation: _____

Email: _____

Height: _____ Weight: _____ Date of

Birth: _____ Age: _____

Referred

By: _____

Allergies: Yes ___ No ___ (if yes, then list)

Have you ever had a Colonic? Yes ___ No ___ Iridology? Yes ___ No ___

If yes, when was the last date of the colonic or iridology treatment?

I understand that the only therapy I am to receive will be administered by a graduate Colon Therapist and I have made my current and past conditions known to my referred physician and /or therapist. I agree that the therapist; referring to Doctor, and other staff members or manufacturer of the equipment used are not held responsible of conditions resulting from the treatment or procedure involved. I further understand that no representation or attempt is made involving prescription or diagnosis or treatment of any specific disease.

If you are a minor under the age of 18, you must have a consenting adult or guardian be present and give permission to receive treatment, service and also including purchasing of supplements.

Signature: _____

Date: _____

Relation to Minor: _____ Guardian

Name: _____

Please Check Where Applicable:

<u>General</u>	×	<u>Respiratory</u>	×	<u>Cardiovascular</u>	×
<i>Headaches</i>		<i>Shortness of Breath</i>		<i>High blood pressure</i>	
<i>Insomnia</i>		<i>Chronic Cough</i>		<i>Hardening of Arteries</i>	
<i>Loss of Weight</i>		<i>Coughing up Blood</i>		<i>Angina</i>	
<i>Dizziness</i>		<i>Emphysema</i>		<i>Poor Circulation</i>	
<i>Fainting Spells</i>		<i>Bronchitis</i>		<i>Rapid Heart Beat</i>	
<i>History of Seizures</i>		<i>Asthma (wheezing)</i>		<i>Irregular Heart Beat</i>	
<i>Fatigue</i>				<i>Congestive Heart Failure</i>	
<i>Depression</i>				<i>Swelling of Ankles</i>	
<i>Enlarged Thyroid</i>					
<i>Doubled or Blurred Vision</i>					
<u>Genito-Urinary</u>	×	<u>Skin</u>	×	<u>Gastro-Intestinal</u>	×
<i>Kidney Infection or stones</i>		<i>Bruise easily</i>		<i>Colitis</i>	
<i>Painful Urination</i>		<i>Dryness</i>		<i>Constipation</i>	
<i>Prostate Trouble</i>		<i>Itching</i>		<i>Crohn's Disease</i>	
<i>Kidney Failure</i>		<i>Rash</i>		<i>Ulcerative Colitis</i>	
				<i>Diverticulitis</i>	
				<i>Diverticulosis</i>	
				<i>Gall Bladder Disease</i>	
				<i>Hemorrhoids</i>	
				<i>Fissures/Fistals</i>	

<u>Muscle and Joint</u>	×	<u>Women</u>	×	<i>Liver Trouble</i>	
<i>Arthritis</i>		<i>Painful Menstruation</i>		<i>Cirrhosis</i>	
<i>Bursitis</i>		<i>Vaginal Discharge</i>		<i>Rectal Bleeding</i>	
<i>Lower Back Pain</i>		<i>Breast Pain</i>		<i>Vomiting of Blood</i>	
<i>Neck Pain</i>				<i>Cancer</i>	
<i>Swollen Joints</i>				<i>Family History (colon cancer)</i>	

Are you pregnant? Yes _____ No _____

SUBSTANCE SURVERY FORM

Please list any prescription medications you are currently taking or have taken in the last year.

Medication	Diagnosis

Please list any over-the-counter medications you are taking or have taken in the last year.

Product	Symptom	Quantity & Frequency

Please list any vitamins, supplements, herbs, homeopathic medicines you are currently taking or have taken in the last year.

Product	Amount Taken Daily	How Long Taken

Check the following items that apply to you and indicate the amount used weekly:

Coffee			Cigarettes		
Antacids			Soft Drinks		
Alcohol			Candy		
Tea			Ice Cream		
Laxatives			Artificial Sweetener		

How many desserts on average, do you have in a week? _____

Notice Designed to Comply with the State of California in the Business and Professional Code of the State of California Section 2053.6

******* ALL CLIENTS MUST READ, UNDERSTAND, AND SIGN THIS DISCLOSURE*******

Colon Hydrotherapy services provided at this center comply with Section 2053.6 to the Business and Professionals Code of the State of California. In compliance with this Code, you must be advised:

- A. There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a colon hydro therapist... and not a physician. This means and implies that they cannot and will not:
 - 1. Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.

2. Administer or prescribe X-ray radiation to another person
 3. Prescribe or administer legend drugs or controlled substances to another person
 4. Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
 5. Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.
 6. Set fractures
 7. Treat lacerations or abrasions through electrotherapy
 8. Hold out, state, indicate, advertise, or imply to a client or prospective client that he or she is a physician surgeon, or a physician and surgeon.
- B. Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.
- C. The services of Colon Hydrotherapy and the therapist that provide the services are not licensed by the state.
- D. The sessions of colon hydrotherapy includes the following procedures:
1. The client will insert and retract the speculum
 2. Warm (temperature and pressured controlled) water will flow into the colon softening that fecal material which will be released through normal peristalsis into the sewer.
 3. Your dignity and modesty will be maintained at all times
 4. The session will last approximately 30-45 minutes.
- E. The theory of treatment upon which colon hydrotherapy predicated is more historical and intuitive than scientific as there has not been studied to validate the effectiveness of this modality. However, many cultures and societies believe that a clean colon can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report that feel better after a colonic. On the other hand, there are a growing number of healthcare practitioners that believe in the concept of auto-intoxication; that a sluggish bowel (one that is

not regular) allows the body to reabsorbs toxins from the colon. This theory may or may not have validity depending on who you listen to, but we know there is an increased level of toxins in our environment and common sense tells us that anything we can do to assist the body in ridding itself of toxins should have some value.

- F. I have been trained by I-ACT and follow the I-ACT guidelines. I am currently certified by I-ACT at the Instructor Level 4. You may validate this information by checking with the I-ACT office at (210)366-2888. You can also visit the I-ACT website at www.i-act.org and then check the referral section.

I acknowledge that I have read the above disclosure and have been given a copy of this document (UPON REQUEST). This information was provided to be in a language I can read and understand.

Client Signature

Date

NOTICE

Please understand that in answering questions, we do not diagnose or prescribe, but may offer nutrition information only to help you to cooperate with your doctor in your mutual concerns or rebuilding and maintaining a wellness state of being. In the event you use this information without your doctor's approval, you are prescribing for yourself which is your constitutional right, but we assume no responsibility.

Client Signature

Date