

Wellness Within R.N.

Colon Hydrotherapy Client Intake Form

Name _____ D.O.B. _____

Address _____ City/State _____ Zip _____

Home phone _____ Cell _____ Work _____

Email _____ May I email -yes no Text—yes no

Occupation _____ How did you hear about us? _____

Emergency Contact _____ Phone _____

Have you had colonics before? -yes no When _____

Reason for visit _____

Please check if any of the following conditions, past or present apply to you:

Abdominal Hernia

Hemorrhaging

Cancer

Heart Condition

Rectal/Colon Surgery

Renal Issues

Rectal Bleeding

Blood Pressure issues

Crohns Disease

Hemorrhoids

Abdominal Surgery

Ulcerative Colitis

Colostomy

Aneurysm

Diverticulitis

Varicose Veins

Cirrhosis

Intestinal Perforation

Currently Pregnant

Dialysis

Fissure/Fistula

Other conditions not listed above: _____

Please list your current medications, including supplements and homeopathy: _____

Allergies: _____

Laxative Use

Type of Laxative use (circle)

Frequent

OTC Herbal Other _____

Occasional

Never

<u>Bowel Movements</u>	<u>Occur</u>	<u>Consistency</u>	<u>Size</u>
<input type="checkbox"/> Less than 1 x/week	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Formed	<input type="checkbox"/> Small
<input type="checkbox"/> Once a week	<input type="checkbox"/> After Eating	<input type="checkbox"/> Unformed	<input type="checkbox"/> Medium
<input type="checkbox"/> About every ___ days	<input type="checkbox"/> Effortless	<input type="checkbox"/> Hard	<input type="checkbox"/> Large
<input type="checkbox"/> Once Daily	<input type="checkbox"/> Strain	<input type="checkbox"/> Runny	<input type="checkbox"/> Pencil Thin
<input type="checkbox"/> Times per day	<input type="checkbox"/> Painful	<input type="checkbox"/> Other	<input type="checkbox"/> Pebble
<input type="checkbox"/> Other	<input type="checkbox"/> Urgent		<input type="checkbox"/> Other

When you eliminate, would you say it feels... (circle) Complete Incomplete Other

Colon Hydrotherapy Informed Consent

Colonic Hydrotherapy is intended to clean the colon by removing the build up of waste from the large intestine. The colon is filled with filtered water. I understand that there may be benefits from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of the procedure. I understand that I will be responsible for inserting the speculum myself. The therapist will use disposable instruments.

The possible side effects of colon hydrotherapy include but are not limited to: perforation of the colon-the risk increases with age; allergy to the speculum and electrolyte imbalance. I acknowledge this list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are known and unknown side effects associated with any procedure.

It is not the intent of Deb Nelson R.N. or Wellness Within R.N. to treat, diagnose or prescribe for any condition or disease that the client may have and that it is not a replacement for the client's regular medical attention by their physician.

By signing below, I acknowledge that I have read and clearly understand the foregoing informed consent and agree to the associated risks with colon hydrotherapy. I hereby give consent for this procedure and release the therapist and the facility of any and all liability associated with this and all subsequent treatments with the above understood.

Client Signature _____ Date _____

I have reviewed the intake form and discussed with client.

_____ Date _____