



Client Information: _____ Date: _____

I am here for a: Colon hydrotherapy Iridology Total Body Detox

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Email: _____

Male Female Height: _____ Weight: _____ Date of Birth: _____ Age: _____ Blood type: _____

Occupation: _____ Referred by: _____

Allergies: Yes No - If Yes: _____

Have you ever has a colonic? Yes No Iridology? Yes No

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

In case of emergency, contact

Relationship: _____ Name: _____ Phone: _____

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, is not held responsible of conditions resulting from the treatment of 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:

General

- Headaches
- Insomnia
- Loss of weight
- Dizziness
- Fainting spells
- History of seizures
- Fatigue
- Depression
- Enlarged thyroid
- Doubled or Blurred vision

Genito-urinary

- Kidney infection or stones
- Painful urination
- Prostate trouble
- Kidney failure

Muscle and joint

- Arthritis
- Bursitis
- Lower back pain
- Neck pain
- Swollen joints

Respiratory

- Shortness of breath
- Chronic cough
- Coughing up blood
- Emphysema
- Bronchitis
- Asthma/wheezing

Skin

- Bruise easily
- Dryness
- Itching
- Rash

Women

- Painful menstruation
- Vaginal discharge
- Breast pain

Cardiovascular

- High blood pressure
- Hardening of arteries
- Angina
- Poor circulation
- Rapid heart beat
- Irregular heart beat
- Congestive heart failure
- Swelling of ankles

Gastro-intestinal

- Colitis
- Constipation
- Crohn's disease
- Ulcerative colitis
- Diverticulitis
- Diverticulosis
- Gall bladed siease
- Hemorrhoids
- Fissures/fistals
- Liver trouble
- Cirrhosis
- Rectal bleeding
- Vomiting of blood
- Cancer
- Family history (colon cancer)

Are your pregnant? Yes No

Substance Survey 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 AND FREQUENCY

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any vitamins, supplements, herbs, homeopathic medicines, etc. 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 Sweetner

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

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 the 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 of 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 diagnosed and treat a physical or mental condition of any person under the 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 about 30 to 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 they 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 reabsorb 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 the 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 maintain 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