



COLON HYDROTHERAPY INFORMED CONSENT

I, _____, have decided to undergo a Colon Hydrotherapy procedure.

Colon Hydrotherapy is intended to irrigate the lower bowel. 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 warranties have been made as to the effectiveness or outcome of this procedure.

I understand that I will insert a tube/speculum into my rectum, and agree that I will witness that the tubing is sterile from a new container; the technician using sterile or new instruments.

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

1. Perforation of the rectum or colon; the risk of which increases with age. I agree that I am not over the age of 65 or under the age of 18. _____ Initial
2. Allergic reaction to nozzle or solution _____ Initial
3. Electrolyte imbalance _____ Initial
4. Infection. _____ Initial

I confirm that I do not have the following contraindicated conditions which would make me ineligible for Colon hydrotherapy: Kidney Dialysis/Disease, Renal failure or renal insufficiency (kidney failure), Cirrhosis of the Liver, Pregnancy. _____ Initial

I understand that Colon hydrotherapy should be avoided by people suffering from the following, unless prescribed by a physician: Anemia (severe), Aneurysm, Carcinoma, Cardiac Disease (severe, uncontrolled hypertension/high blood pressure), Crohn's Disease, Congestive heart failure, Diverticulitis (severe or acute), Fissures/fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (Incarcerated Abdominal), Prostatitis, Recent Abdominal Surgery (last six months), Tumors, Ulcerative Colitis. I confirm that I am not suffering from any of these ailments. _____ Initial. If I do have any of these ailments, I have a doctor's prescription to receive treatment today. _____ Initial.

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this procedure. _____ Initial

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.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

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 colon hydrotherapy procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature _____ Date: _____



CLIENT INFORMATION & MEDICAL HISTORY COLON HYDROTHERAPY

PERSONAL HISTORY

Client Name: _____ Today's Date: _____

Home Address: _____ City: _____ State _____ Zip _____

Home Phone(_____) _____ Work Phone (_____) _____ Mobile (_____) _____

Date of Birth: _____ Age: _____ Occupation: _____

Height _____ Weight _____ Female _____ Male _____ Marital Status _____

Emergency Contact Name and Phone _____

How were you referred to us? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No If yes, for what? _____

Do you have a prescription for this visit? _____ If yes, do we have a copy on file? _____ If yes, Date _____

Is Colon Hydrotherapy part of a protocol that a healthcare professional has referred or prescribed for you? Yes No

If yes, Doctors and Type of Doctor _____

Reason _____ Date of referral/prescription _____

Do you have any of the following medical conditions? Please check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Abdominal Hernia | <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Abnormal Distension | <input type="checkbox"/> Acute Liver Failure |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Aneurysm-All Types | <input type="checkbox"/> Cancer of the Colon | <input type="checkbox"/> Cardiac Condition |
| <input type="checkbox"/> Crohns Disease | <input type="checkbox"/> Colitis | <input type="checkbox"/> Dialysis Patient | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Fissures & Fistulas | <input type="checkbox"/> Hemorrhaging | <input type="checkbox"/> Hemorrhoidectomy | <input type="checkbox"/> Intestinal Perforations |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Rectal/Colon Surgery | <input type="checkbox"/> Renal Insufficiencies |
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> AIDS | <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Bladder Infections |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Itching Anus | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Rectal Bleeding | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Parasites | |

Do you have any communicable Disease? Yes No If yes, explain: _____

Do you have any other health problems or medical conditions: Please list: _____



MEDICATIONS & SUPPLEMENTS

List all you now take regularly including over the counter: _____

Do you take digestive aids/laxatives? Yes No If yes, describe: _____

Are you on any steroids? Yes No Injections/oral _____

Are you on any blood thinners? Yes No Are you on any diuretics? Yes No

What was the most recent time you took antibiotics? _____ Why? _____

ADDITIONAL INFORMATION:

Describe your regular routine for exercise: _____

On a scale of 1 to 10 where 1 = can't get out of bed and 10=optimal energy, describe your normal energy level: _____

How many servings of vegetables do you eat per day? _____ How many servings of fruit per day? _____

How much water do you drink per day? _____

How much dairy do you eat per day? _____ How much meat do you eat per day or week? _____

Do you smoke? Yes No If yes, how much and how long? _____

Do you drink alcohol? Yes No If yes, how much and how long? _____

How often do you have a bowel movement? _____ skips days _____ 1 per day _____ 2 per day _____ 3 per day

Color and consistency of bowel movement _____

What do you hope to achieve from this colon hydrotherapy appointment? _____



Do you have specific concerns? Yes No If yes, explain: _____

My signature below indicates that I have honestly answered all of the questions above and supplied any additional relevant information within this intake form.

Client Name (Printed clearly)

Date: _____

Client Signature



POLICIES

Appointment Policies

In our efforts to provide quality and timely service to all clients, the following appointment and center policies are in effect:

- A 24-hour notification of cancellation is required for all services. A \$35.00 cancellation fee is applied if not cancelled within the 24-hour window.
- No show appointments are counted as a used session without a 12-hour advance cancellation notice.
- Colon hydrotherapy sessions are non-transferable and are good up to one year after purchase.
- If you purchase a series of colonics, sessions may not be divided amongst individuals, exchanged for product or transferred to another person.
- All product sales are final.

We value your time and strive for a zero wait for scheduled services. To that end, out of courtesy for the next scheduled client and the practitioner, session times will be reduced in the event a client is more than 15 minutes late.

Payment Policies

Payments may be made with cash, check or credit/debit card and are to be received at the time of the scheduled appointment unless you are paying for future sessions in order to receive deeper discounts.

If any check, debit, or credit card charge payable to QC Colon Hydrotherapy is returned, rejected or dishonored, management will, in each instance (a) assess a charge equal to any charge imposed by the financial institution, any costs and expenses incurred in connection with collection plus an administrative fee of twenty-five dollars (\$25), and (b) collect the current and past due balance in any subsequent month.

By signing I confirm these policies have been fully explained to me, and I certify I understand their contents.

Client Signature

Date