

Gentle Colon Hydrotherapy Holistic Questionnaire

Please Answer All Questions

If you are a Federal, State or Local agent, upon entering these premises you must declare same or under the Bivens Act, Article 42, be held personally and individually liable.

NAME _____ PHONE _____

ADDRESS _____

E-MAIL _____

What is your preferred form of contact for reminders and messages? PHONE /TEXT EMAIL

Date of Birth: _____ Marital Status: _____ Sex: _____

Number of children you have? _____ Woman Only: Pregnant? _____ Which Trimester? _____

Are you under Doctor's care? _____ If so, please explain _____

List any surgeries you have had in the last six months _____

List all medications & supplements you now take regularly (including over the counter) _____

Please give details of any allergies you may have: _____

Please read below carefully before signing:

I have read the notice at the top and declare that I am not an agent.

Please initial: _____

SUPPLEMENTS: I take full responsibility for any products I purchase.

Please initial: _____

I have read, signed and received a copy of the State of California Guidelines Notice SB-577.

Please initial: _____

CANCELLATION POLICY: A FULL PAYMENT IS DUE FOR ANY CANCELLATION WITHIN 24-HOUR.

Please initial: _____

ALL SPECIAL PACKETS/DISCOUNTS/SERIES ARE NON-REFUNDABLE.

Please initial: _____

*"The purpose of **Gentle Colon Hydrotherapy** and all our staff is to provide services, products and offer information to clients. Our services, products and information are for vocational and advocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."*

Because you must be aware of any existing physical conditions that I may have, I have honestly answered all above questions and am not intentionally withholding information about my health. I will inform GCH of any changes in my physical health. I am agreeing to the office policies and procedures of Gentle Colon Hydrotherapy.

Signature: _____ Date: _____

Name _____

Please Answer All Questions

You **MUST** check **YES** or **NO** for each of the following and indicate any **ACTIVE (A)** CONTRAINDICATIONS:

	Y	N	A		Y	N	A		Y	N	A				
1 st Trimester of Pregnancy				Cancer				Fissures/Fistulas				Severe Cardiac Disease			
Abdominal Hernia				Chemo/radiation treatment				GI Hemorrhage/Perforation				Severe Diverticulitis			
Advanced Pregnancy				Cirrhosis				Renal Insufficiency				Severe Hemorrhoids			
AIDS/HIV				Colon Surgeries				Severe Anemia				Ulcerated Colitis			
Aneurysm				Crohn's Disease											

PLEASE EXPLAIN & INDICATE DATES OF DIAGNOSIS _____

THE FOLLOWING IS **OPTIONAL**, BUT IT HELPS THE THERAPIST TO PREPARE A BETTER SESSION FOR YOU:

PLEASE INITIAL SHOULD YOU CHOOSE NOT TO ANSWER _____

1. OCCASIONAL/MILD SYMPTOM 2. FREQUENT/MODERATE SYMPTOM 3. SEVERE/CONSTANT SYMPTOM OR 'NO' IF NOT APPLICABLE

HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#
Allergies			Diabetes			Lung disorders		
Allergies drug reaction			Digestive Problems			Lupus		
Anemia			Diverticulosis			Painful Menstruation		
Anorexia/ Bulimia			Dizziness			Date of last menstrual cycle		
Arthritis			Double/blurred vision			Vaginal discharge		
Asthma			Earache			Breast Pain		
Back problems/pain			Edema/ swelling			Muscle / Joint pain		
Bad breath			Excess Gas			Muscle Stiffness		
Bitter metallic taste			Excessive hair loss			Neuropathy		
Bladder disorders			Fatigue			Organ Transplant		
Bladder infection			Frequent colds			Pacemaker		
Bronchitis			Headaches			Poor appetite		
Burping			Heart-burn/ acid reflux			Prostate problem		
Chronic cough			HEP-C / HIV / Aids			Seizures		
Chronic fatigue			Hemorrhoids			Sinus Problems		
Colitis			High/low blood pressure			Skin disease		
Cold Sores			Insomnia			Uterus disorder		
Constipation			Irritable bowel (IBS)			Uterus/ Ovary problems		
Depression			Liver disorders			Organ Transplant		

If you answered **YES** to any, please explain and indicate how long you have had this situation: _____

THE FOLLOWING IS **OPTIONAL**, BUT HELPFUL:

Yes	No		If Yes Please Explain
		Do you drink alcohol?	
		Do you drink coffee?	
		Do you smoke?	
		Have you ever used drugs recreationally?	
		Are you currently taking prescription drugs?	
		Do you have irregular sleeping habits/insomnia?	
		Do you have any reaction if meals are delayed?	
		Do you have indigestion?	

**CONTINUED
ON BACK**

WHAT ARE YOU **EXPECTING** TO RECEIVE FROM GENTLE COLON HYDROTHERAPY?

Is there anything specific you would like to work on during the session? What are your long-range goals?

Are you allergic to **COCONUT OIL**? YES NO

I have been informed & agree to self-insertion & self- retraction of the speculum. PLEASE INITIAL _____

Have you ever had a colonic before? If yes, when was your last session: _____

How many bowel movements per day do you have? _____ Do you strain to have a bowel movement? _____

Do you use a stool softener or laxative? _____ Herbal laxative? _____ Suppository? _____

Do you have hemorrhoids or other rectal problems? _____

Have you ever had bleeding from colitis or any bodily orifice? _____

Have you ever had a barium enema? If so, when? _____

Have you ever had a colonoscopy? If so, when? _____

How much water do you drink per day? _____

Are you always hungry/never hungry or eat when nervous? _____

Do you have reactions when meals are delayed? _____

Do you crave any foods? *If YES give details:* _____

Please read all above carefully before signing:

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Signature: _____ Date: _____

Gentle Colon Hydrotherapy

Wants to Inform You about SB-577

Notice Designed to comply with the State of California Guidelines in the Business and Professions Code of the State of California-Section 2053.6 (SB-577)

*** All clients must read, understand and sign this disclosure ***

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

There are No licensed physicians at this center and the individual performing the session is ONLY a colon hydro-therapist, they are 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 prescribed by and appropriately licensed practitioner.
- 4) 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.
- 5) Set Fractures.
- 6) Recommend the discontinuance of legend drugs or controlled substances.
- 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 physician or surgeon.

Colon Hydrotherapy is an alternative or complementary to healing arts services, NOT licensed by the State of California. Colon Hydrotherapy is certified by I-ACT.

The session of colon hydrotherapy includes the following procedures:

- 1) The client will insert and retract the speculum.
- 2) Warm water, that is temperature controlled and pressure controlled, will flow into the colon softening the fecal material via a disposable speculum (one per customer).
- 3) The client's dignity and modesty will be maintained at all times.
- 4) All conversation, during the session, is not monitored and if the client feels uncomfortable at any time it is their responsibility to say so. The colon therapist also has the right to refuse service or stop the session if necessary.
- 5) The session will last approximately 30-45 minutes.

The theory, upon which colon hydrotherapy is based, is more historical and intuitive than scientific as there have been very few studies to validate the effectiveness of the modality. However, many cultures and societies believe that a clean, hydrated colon can enhance the health of the individual. Millions of people have reported and attested to this point throughout history. Many say that they simply feel better after a colonic. Colon cleansing started thousands of years ago with the simple enema and has evolved into the present-day colonic. There are a growing number of health care practitioners that believe in the concept of autointoxication that is a sluggish bowel (one that is not regular). Autointoxication simply means that toxic waste left in the colon is reabsorbed back into the body, creating problems, that might not otherwise be there if colon function was improved through non-toxic colon hydrotherapy. This theory may or may not have validity depending on whom 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.

At **Gentle Colon Hydrotherapy** the therapists have been trained by an I-ACT approved school and are following I-ACT strict guidelines. You may validate this information by checking with I-ACT office, at (210) 366-2888 or go on the website at www.i-act.org.

I acknowledge that I have read the above disclosure and understand this document. This information was provided to me in a language that I can read and understand.

Client Signature

Print Name

Date

One copy for Client