

# InnerSpace Holistic

2350 Washtenaw Ave Suite 14 Ann Arbor, MI 48104

Date \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm Ph# \_\_\_\_\_ Cell \_\_\_\_\_ Ok to recieve TEXT messages? \_\_\_\_\_

Sex ☐ M ☐ F ☐ Single ☐ Married ☐ Long Term Partner ☐ Divorced  
☐ Widowed ☐ Separated

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about us \_\_\_\_\_

In case of emergency, who should we contact?

\_\_\_\_\_ Phone \_\_\_\_\_

**Reason for Visit** \_\_\_\_\_

Medications:

List medications you are currently  
taking: \_\_\_\_\_

## Allergies

Please list any allergies you may have to:

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Have you ever been tested for food allergies? ☐ Y ☐ N Method? \_\_\_\_\_

## COLONICS

Bowel Movements: \_\_\_\_\_ to \_\_\_\_\_ times per day. Per week: \_\_\_\_\_

Do you use a stool softener, laxative or herbal laxative? \_\_Y\_\_ N

Stools are: \_\_\_\_\_ Soft, well formed \_\_\_\_\_ Large, hard \_\_\_\_\_ Large (2"x 6"L) \_\_\_\_\_ Difficult to pass

\_\_\_\_\_ Diarrhea \_\_\_\_\_ Loose, not watery \_\_\_\_\_ Often float \_\_\_\_\_ Thin, long, narrow

\_\_\_\_\_ Sink \_\_\_\_\_ Alt between constipation and diarrhea

Stool Odor: \_\_\_\_\_ Offensive usually \_\_\_\_\_ Occasionally \_\_\_\_\_ Little Odor

Daily gas Y \_\_N\_\_\_\_\_ Daily bloating \_\_Y\_\_ N

Have you ever had internal bleeding? \_\_Y\_\_ N Recent? \_\_\_\_\_

Have you ever had rectal bleeding? \_\_Y\_\_ N Recent? \_\_\_\_\_

Have you ever had a barium enema? \_\_Y\_\_ N When? \_\_\_\_\_

Have you ever been diagnosed with cancer? \_\_Y\_\_ N

If yes, have you had Chemotherapy or Radiation ? Present \_\_\_\_\_ Past \_\_\_\_\_ When? \_\_\_\_\_

**Have you had colon hydrotherapy/colonics before? YES NO**

**When/ Where? \_\_\_\_\_**

**Check any of the following that apply to you:**

colon cancer \_\_\_\_\_ GI or rectal bleeding \_\_\_\_\_ Congestive heart failure \_\_\_\_\_

Hypertension \_\_\_\_\_ Seizures \_\_\_\_\_ Carcinoma of the rectum \_\_\_\_\_

Abdominal surgery \_\_\_\_\_ Intestinal perforation \_\_\_\_\_ Abdominal hernia \_\_\_\_\_

Colon or rectal surgery \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Recent heart attack \_\_\_\_\_

Vascular aneurism \_\_\_\_\_ Renal Insufficiency \_\_\_\_\_ Epilepsy or psychosis \_\_\_\_\_

Severe hemorrhoids \_\_\_\_\_ Cirrhosis \_\_\_\_\_ Fissures or fistula \_\_\_\_\_ Pregnancy \_\_\_\_\_

Ulcerative colitis \_\_\_\_\_ Crohns disease \_\_\_\_\_ Rectal or abdominal tumors \_\_\_\_\_

**I am here on: \_\_\_\_\_ Dr.'s prescription \_\_\_\_\_ Personal choice**

**INITIAL: \_\_\_\_\_**

## **Informed Consent for Colon Hydrotherapy and Re floristation and Implant Therapy**

I \_\_\_\_\_, do voluntarily, knowingly and willingly give my consent to the administration of colon hydrotherapy and/or re floristation or implant of pro-biotic and/or herbs or supplements that may enhance the environment of the colon.

This implant involves the rectal infusion by colonic means. I understand that the treatment will be administered by a trained colon therapist. I am satisfied that this procedure is necessary that all of my questions have been answered to my satisfaction. I seek this treatment at my own request or based on the recommendation of my physician, be it in this clinic or another physician led clinic. I have had the anticipated costs, risks, benefits, and experience of receiving this treatment, my assessment, and reason for this treatment satisfactorily explained. I am willing to accept any risks as explained to me. Colon Hydrotherapy, re floristation and herbal implants have not been scientifically demonstrated or widely accepted by the mainstream medical community. I understand that like any health care treatment there is no guarantee that it will alleviate my symptoms. These procedures will most likely have a positive value if dietary and supplement recommendations directed by the managing physician are followed closely.

I understand I can cease treatment at any time and am under no obligation to undergo the full series of treatments.

### **Possible Side Effects**

**Any health care procedure can have side effects, especially in sensitive individuals.**

### **Possible Side Effects:**

Mild temporary bloating or abdominal cramping, Mild temporary diarrhea or constipation, Temporary increased gas

**Very Rare Side Effects:** Rectal fissures or tears

One aspect of the colonic irrigation is that it acts to detoxify the body. This can cause a temporary increase in symptoms known as “paradoxical effect”.

After the colonic, you may feel lighter and better, but some people may feel queasy, ill or have flu-like symptoms. These symptoms should subside very quickly.

**INITIAL** \_\_\_\_\_

### **Alternative Treatments**

I understand that, depending on the nature of my symptoms, there may be other diagnoses or potential treatments for my condition(s).

### **Informed Consent**

I hereby certify that I understand the above authorization and the risks of possible complaints. I have been adequately informed and questions I have asked have been satisfactorily answered. I represent that I am seeking diagnoses and treatment in order to further my own health and for no other reason. I am aware that I may stop treatment at any time.

I understand that colon therapists at InnerSpace Holistic assumes no responsibility for my health other than the safe administration of the colon therapy following universal precautions.

**Therapists at INNERSPACE HOLISTIC do not diagnose your symptoms. We are available to support you on your own path to healing.**

I understand that charges are not billable to my health insurance.

### **PACKAGES**

**Packages are offered at a discounted rate. PACKAGES ARE NON- REFUNDABLE. Packages CAN be shared with your permission and expire one year from the date of purchase.**

### **NO SHOW/ CANCELLATION POLICY**

**We kindly ask for 24 hours notice for cancellation which may be done by phone, text, or online. Cancellations less than 24 hours notice will be charged a \$35 no-show fee which will need to be paid before your next appointment. Late arrivals (more than 15 minutes will also be assessed a no-show fee)**

**Returned checks will be charged a \$30 fee.**

**I have read and understand the above policies and agree to its terms.**

**Sign:\_\_\_\_\_Date:\_\_\_\_\_**

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