

# A Gentle Wave Colon Hydrotherapy Client Information, Page 1

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phones: - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (please write clearly): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ How did you find out about us? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you had a colonic or an enema before? \_\_\_\_\_ If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

With who? \_\_\_\_\_ How was the experience? \_\_\_\_\_

How many times a day do you have a bowel movement? \_\_\_\_\_ How many per week? \_\_\_\_\_

Have you ever been treated for pathology of the colon? \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_

When have you observed blood in your stool? \_\_\_\_\_

Do you experience diarrhea or constipation? Please describe: \_\_\_\_\_

Do you have any immune disorders? HIV+ \_\_\_\_\_ AIDS \_\_\_\_\_ Lupus \_\_\_\_\_ Other \_\_\_\_\_

Do you have family history of colon problems? \_\_\_\_\_ Please describe: \_\_\_\_\_

Please describe any surgery: \_\_\_\_\_

List all medications and prescribing Doctors: \_\_\_\_\_

Do you have hypertension or high blood pressure? \_\_\_\_\_ How is it controlled? \_\_\_\_\_

Low blood pressure? \_\_\_\_\_ When was your last reading? \_\_\_\_\_

Please list the foods you've eaten in the past 24 hours:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Other: \_\_\_\_\_

Is this your typical diet? \_\_\_\_\_ What snacks & food do you crave? \_\_\_\_\_

Do you eat late at night? \_\_\_\_\_ Describe: \_\_\_\_\_

Is your diet high in fiber or bulk? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you take Laxatives? \_\_\_\_\_ What types? \_\_\_\_\_

Do you take any dietary supplements or herbs? Please describe (pills, liquid extract, tea, brand name): \_\_\_\_\_

List all know allergies \_\_\_\_\_

When was the last time you took antibiotics? \_\_\_\_\_ What was it for? \_\_\_\_\_

Are you aware of probiotics? \_\_\_\_\_ Did you take some after your antibiotic use? \_\_\_\_\_

Please check all of the following that you've had in the past week: \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol

\_\_\_\_\_ Soda \_\_\_\_\_ Black Tea \_\_\_\_\_ Sugar \_\_\_\_\_ Tobacco

Do you sleep well? \_\_\_\_\_ How many hours nightly? \_\_\_\_\_

What are the stresses in your life? \_\_\_\_\_

What activities help with stress reduction? \_\_\_\_\_

How often do you do these activities? \_\_\_\_\_

Prioritize the following list (#1-5) as they are:

\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice

Now prioritize the following as you would like them to be:

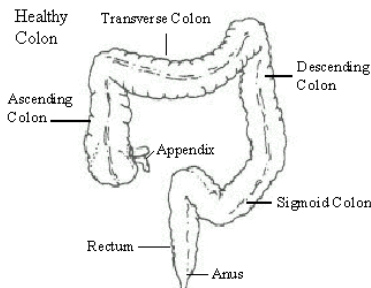
\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice

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Please mark Yes or No for the following conditions. If it was a health concern in your past, mark 'P' and the year.

Are you pregnant? \_\_\_\_\_ When are you due? \_\_\_\_\_ Who is your midwife/doctor? \_\_\_\_\_  
 When was your last Sigmoid or Colonoscopy? \_\_\_\_\_ What were the results? \_\_\_\_\_  
 Who was your GI doctor? \_\_\_\_\_ Do you have diabetes? \_\_\_\_\_  
 Acute Fecal Impaction \_\_\_\_\_ Parasitic Infections \_\_\_\_\_  
 Irritable Bowel Syndrome \_\_\_\_\_ Constipation \_\_\_\_\_  
 Colitis \_\_\_\_\_ Mucous Colitis \_\_\_\_\_  
 Diverticulosis (Pocket Outward Pouching) \_\_\_\_\_ Diverticulitis (Infected Pocket) \_\_\_\_\_  
 Hyper / Hypothermia \_\_\_\_\_ Kidney Insufficiency or Failure \_\_\_\_\_  
 Crohn's Disease \_\_\_\_\_ Ulcerative Colitis \_\_\_\_\_  
 Severe Hemorrhoids \_\_\_\_\_ Acute Fistula \_\_\_\_\_  
 Rectal Fissure \_\_\_\_\_ Intestinal Ulcers \_\_\_\_\_  
 Bleeding Colitis \_\_\_\_\_ Aneurysm \_\_\_\_\_  
 Gastro-Intestinal Hemorrhage or Perforation \_\_\_\_\_ Recent Abdominal Liposuction \_\_\_\_\_  
 Recent Colon or Rectal Surgery \_\_\_\_\_ Other Recent Surgery \_\_\_\_\_  
 Abdominal Radiation \_\_\_\_\_ Acute Inflammatory Pathology of the Colon \_\_\_\_\_  
 Congestive Heart Failure \_\_\_\_\_ Cirrhosis of the Liver \_\_\_\_\_  
 Do you have a hernia? \_\_\_\_\_ Where? \_\_\_\_\_ Has it been patched? \_\_\_\_\_

Please shade in any areas that are a current or past concern on the below diagram, and initial after reading the box below: Initial here: \_\_\_\_\_



**Contraindications - Who would NOT be a candidate for colon hydrotherapy treatments?**

If you are diagnosed with lupus, have active diverticulosis, ulcerative colitis, Crohn's disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an abdominal hernia, have had recent colon surgery, a colonoscopy in the last 6 months or renal insufficiency then you would **NOT** be a candidate for colon hydrotherapy treatments. Women are advised to only receive colon hydrotherapy during the second trimester and under the direct supervision and advice from their physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

What are you hoping to attain from your Colon Hydrotherapy sessions? \_\_\_\_\_

Do you have any health symptoms you would like to improve? \_\_\_\_\_

How do you feel today? \_\_\_\_\_

Be aware that every therapy, service, and product described or presented is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.

*I, \_\_\_\_\_ agree that the above information is accurate to the best of my knowledge. I give A Gentle Wave Colon Hydrotherapy permission to share information with each other and the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I agree to the terms of the Client Agreement section below. I have read contraindications for colon hydrotherapy section above and I hereby agree that I am responsible for my health and the services received here.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## **A Gentle Wave Colon Hydrotherapy Client Agreement**

I have not been diagnosed with any contraindications for colon irrigation (see Contraindications section above). I am aware that colon irrigation and enema device facilities are NOT physicians and therefore does not INSERT, diagnose, or prescribe. I am aware adverse events such as perforations, injury, and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own insertion. If I experience resistance during the insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session. I agree that the information I have given is accurate to the best of my knowledge. I give *A Gentle Wave Colon Hydrotherapy* permission to share information with the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I have read and agree to the Informed Consent, Disclaimer, and Guidelines & Policies sections below. I have read the contraindications for colon hydrotherapy section above. I hereby agree that I am responsible for my health and the services received here. I am aware of my 9<sup>th</sup> Amendment Rights to practice alternative health modalities. I confirm that I am 18 years of age or older.

### **Informed Consent**

I am not intentionally withholding medical information from the facilitator which is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects which have been explained to me. All of my questions have been answered and I agree to participate with this session.

### **Disclaimer**

*Every therapy, service, and product described or presented is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.*

### **GUIDELINES & POLICIES**

- ♥ For woman on their menstrual cycle: It is perfectly fine to have colonics during menstruation, please ensure any tampons are taken out prior to treatment..
- ♥ Please help keep this a chemical free space and avoid the use of perfumes, products or smoking of any sort prior to your visit. Thank you for considering others.
- ♥ Please arrive in a calm, relaxed state on time for your appointments. Thank you!
- ♥ Please respect our scheduled appointment time. I request 24 hours notice if you wish to reschedule or cancel.
- ♥ If you have any questions or concerns before this appointment, please call me.