Ruba Therapy, LLC
www.rubatherapy.com
703.477.2736

Health History

*Name:*_____ *Date:* _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Work Phone: _____ *Home Phone:* _____

Email: _____ *Referred by:* _____

YOUR HEALTH HISTORY IS CONFIDENTIAL

Contraindications to colon hydrotherapy are as follows: **Severe Cardiac Disease, Cirrhosis (Uncontrolled Hypertension or Congestive Heart Failure), Carcinoma of the Colon, Fissures/Fistulas, Aneurysm, First trimester and advanced pregnancy, Severe Anemia, Abdominal Hernia, GI Hemorrhage/Perforation, Recent Colon Surgery, Severe Hemorrhoids (rectal bleeding), Removal of a Kidney, Renal Insufficiency and Cancer wherein the ascites is present. Initial: _____**

Please circle all of the following health symptoms, which you now have or had previously.

GENERAL SYMPTOMS
Headache
Fever
Chills
Sweats
Fainting
Allergy
Dizziness
Convulsions
Loss of Sleep
Fatigue
Nervousness/Depression
Loss of Weight
Overweight
Numbness in: _____

EYES, EARS, NOSE & THROAT
Failing Vision
Far Sightedness
Near Sightedness
Crossed Eyes
Eye Pain
Deafness
Earache

SKIN
Itching
Bruises Easily
Dryness
Varicose Veins
Sensitive Skin
Hives or Allergy

RESPIRTORY
Chronic Cough
Spitting up Phlegm
Spitting up Blood
Chest Pain
Difficult Breathing

CARDIO-VASCULAR
Rapid Beating Heart
Slow Beating Heart
High Blood Pressure
Low Blood Pressure
Pain Over Heart
Heart Attack
Swelling Ankles
Poor Circulation

GENITO-URINARY
Frequent Urination
Painful Urination
Blood In Urine
Kidney Trouble
Inability To Control Urine
Prostate Trouble

GASTRO-INTESTINAL
Poor Appetite
Excessive Hunger
Difficult Digestion
Belching or Gas
Distention of Abdomen
Nausea
Vomiting
Pain Over Stomach
Constipation
Diarrhea
Colon Trouble
Hemorrhoids or Piles
Rectal Bleeding
Bloody Stools
Intestinal Worms/Parasites

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EYES, EARS, NOSE & THROAT
Ear Noises
Ear Discharge
Nose Bleeds
Nasal Drainage
Sore Throat
Swollen Tonsils
Enlarged Lymph Glands
Enlarged Thyroid
Colds
Sinus Infection
Hay Fever
Asthma
Dental Decay
Gum Trouble

MUSCLE, BONE & JOINT
Stiff Neck
Backache
Swollen Joints
Tremors
Painful Tailbone
Foot & Ankle Trouble
Pain in: Shoulders, Arms, Elbows, Hands, Hips, Legs, Knees, Feet or Other:
Hernia
Spinal Curvature
Faulty Posture
Sublaxation
Pinched Nerves

GASTRO-INTESTINAL
Liver Trouble
Gall Bladder Trouble
Jaundice

FOR WOMEN ONLY
Painful Menstrual Periods
Excessive Menstrual Flow
Hot Flashes
Irregular Cycle
Cramps or Backache
Miscarriage
Vaginal Discharge
Lumps in Breast
Menopausal Symptoms

Yes **No** 1. Are you having pain or discomfort at this time?
Yes **No** 2. Do you feel very nervous about having colonic irrigation?
Yes **No** 3. Have you ever experienced colonic irrigation? If yes; when: _____
Yes **No** 4. Have you been a patient in the hospital during the past six weeks?
Yes **No** 5. Have you been under the care of a doctor during the past two years?
Yes **No** 6. Are you taking any prescription medications? If yes; List **Current** Medications:

_____

Yes **No** 7. Are you taking any supplements or herbal remedies? If yes; Please list:

_____

Yes **No** 8. Are you on a special diet? If yes; please explain:

_____

Yes **No** 9. Has your medical doctor ever told you that you have cancer or a tumor?
Yes **No** 10. Do you have any disease, condition or health problem not listed? If yes; please explain:

_____

Yes **No** 11. Have you lost or gained more than 10 pounds in the past year?
Yes **No** 12. Do you have abdominal bloating/gas?
Yes **No** 13. Do you use prescription laxatives or over the counter laxatives?
Yes **No** 14. Do you have rectal bleeding?
Yes **No** 15. Do you have perforated or bleeding hemorrhoids?
Yes **No** 16. Do you have to strain to have a regular bowel movement?
Yes **No** 17. Do you have one or more bowel movements per day?
Yes **No** 18. Have you had a recent Colonoscopy or Sigmoidoscopy?
Yes **No** 19. Have you had any rectal surgery of any type?
20. Why have you chosen to participate in colonic irrigation?

_____

To the best of my knowledge, I concur that all the proceeding answers are correct. If I ever have any change in my health or if my prescription medications change, I will inform Ruba Therapy, LLC. By signing this intake form I acknowledge that I do not have any contraindications to colon hydrotherapy.

Signature:_____ Date: _____

Curing disease or any other illnesses is between you and your health care/medical professional. Ruba Therapy, LLC does not treat any diseases or illnesses, nor do we make any diagnosis of any illness. Ruba Therapy, LLC staff are not medical doctors and are not attempting to portray them self or conduct the activities of medical doctors Colonic hygiene is considered complementary to the recommendations and/or programs of your health care/medical professional.

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INFORMED CONSENT FORM

Neither Ruba Therapy or team members at Next Health (their associates) do the any of the following things, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure any condition.
3. We make no claims or imply any claims that suggestions and/or opinions are given to cure any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition, or that its' purpose is to treat any condition.
5. We do not prescribe or treat disease; however, we do attempt to educate you in/on dietary recommendations and exercise if it is not contradictory to the recommendations of your primary physician.

I, the undersigned client, understand the above statements. I, as the client, understand that diet and nutrition is an inexact science and that the results obtained are not always constant or predictable. I also understand that there is no guarantee of any results, and the opposite of the desired results may appear. Whether or not I participate in this procedure or program is my decision. All decisions relative to my well-being and health must be made by me. I further understand that Athanor Hydrotherapy Center staff are not medical doctors and are not attempting to portray them self or conduct the activities of medical doctors. I also understand that the medical device used in this procedure is intended for use in colon irrigation, and that the Angel of Water is registered with the FDA and is intended for colon cleansing to promote general health and well being and when medically indicated, such as before radiological or endoscopic examinations.

If any representations have been made to me concerning this program or if I have any understanding about this program which representations and/or understandings are contrary to any of the above statements. I will indicate so at the bottom or reverse side of this form.

Printed Name: _____

Signature & Date: _____

Comments:

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Please read and review the policy information provided below carefully. We request that you acknowledge receipt of our policies by signing your acknowledgement below. Thank you in advance for your consideration.

Fees and Payment
Our office accepts debit cards, Visa, and MasterCard. We do not accept insurance for payment; however, when prescribed insurance coverage is possible for the procedure. Colon hydrotherapy is also covered by many flex-spending accounts.

Initial colon hydrotherapy session with consultation: $150.00
Individual colon hydrotherapy session after initial session: $110.00
4 colon hydrotherapy sessions: $410.00
6 colon hydrotherapy sessions: $580.00
12 colon hydrotherapy sessions: $1,110.00

Cancellation Policy
In our practice, we strive for 100% on-time colonic sessions and consultations. Accordingly, our cancellation policy is very strict, and refunds will not be provided for missed sessions. Cancellations made 48 hours or more before the scheduled appointment will be rescheduled and the payment will not be charged. Cancellations made within only 24 hours will be charged unless another client can be scheduled in the appointment time cancelled. We will give our best effort to reschedule and work with our client's schedule and if it is necessary for them to cancel within 24 hours or less, we will make our best effort to schedule and fill their rescheduled appointment. If multiple appointments are cancelled, Ruba Therapy may charge a cancellation fee of $100.

LATE APPOINTMENTS
Late arrival for a scheduled appointment will be accommodated whenever possible; however, due the scheduling of other clients a full colonic session/consultation may not be given to the client that has arrived past a scheduled appointment time.

REFUNDS
Pre-paid colonic sessions ***are non-refundable, are specific for the person who purchased pre-paid sessions and void after six months***. The 10-week protocol consisting of 12 colonics is recommended to be completed in 10-weeks; however, we extend to our clients the opportunity to use their 12 colonic sessions once a month for 12 months.

SERVICE POLICY
Ruba Therapy reserves the right to determine if an individual is within our scope of practice and not allow a client that we feel is or potentially contraindicated to colon hydrotherapy. Clients that we feel are out of our scope of practice may not receive services at Ruba Therapy, LLC without the express written ***original*** prescription from a medical physician or nurse practitioner.

Thank you for choosing Ruba Therapy as your colon hygiene provider. We are committed to your colonic session being successfully and comfortably completed.

Signed:_____ Dated: _____