

Clean Colonic, LLC

Name: _____ Date _____

Date of Birth: ____/____/____ Age: ____ Height: ____ Weight: ____

Address: _____ City: _____ State: _____ Zip code: _____

Cell Phone: _____ Cell Provider _____

Email: _____ Referred BY: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Relation: _____

INSURANCE _____ DIAGNOSIS CODE _____

CONTRAINDICATIONS

What is a contraindication? (con-tra-in-di-ca-tion) A contraindication is a specific health condition in which a drug, procedure, treatment, or surgery is inadvisable, as it may be harmful to the health of the patient.

Please **CHECK** and **DATE** if any experience with the following:

____ Abdominal Hernia
____ Abdominal Surgery
____ Abnormal Distension
____ Acute Liver Failure
____ Anemia
____ Aneurysm
____ Cancer (type: _____)
____ Cardiac Condition
____ Crohn's Disease
____ Colitis

____ Dialysis Patient
____ Diverticulosis/Diverticulitis
____ Fissures / Fistulas
____ Hemorrhages (internal/external)
____ Hemorrhoidectomy
____ Intestinal Perforations
____ Lupus
____ Pregnant (due date _____)
____ Rectal/Colon Surgery
____ Renal Insufficiencies

Please **CHECK** any that apply:

____ Blood in Stool
____ Colonoscopy
____ Use Laxatives
____ BM Painful/Difficult
____ Burning/Itching Anus
____ Constipation/Diarrhea
____ Vomiting ____ Bloating
____ High Blood Pressure
____ Hemorrhoids
____ Bladder Infection

***I have not been diagnosed with any contraindication for colon hydrotherapy.** INITIALS _____

READ and INITIAL: I am aware that this Center uses FDA Registered Medical Devices for Colon Hydrotherapy and only uses disposable sterile nozzles or speculums. Although all therapist(s) on staff have certificates showing they have completed Device Training, they may not be required to be state licensed or have a degree in health care. This center doesn't have a licensed medical director on site. No studies have been conducted for this alternative and complementary modality. I am aware adverse events such as perforation, injury, and illness have been alleged and claimed with the use of colon hydrotherapy devices and/or home enema kits. Should I experience resistance during my insertion, I will immediately stop my session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session. INITIALS _____

I have reviewed and discussed with the Device Trained Therapist that I do not have any known contraindications or any health concerns. I wish to proceed with my colon hydrotherapy session(s).

Client Name _____ Signature _____ Date _____

(For clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)

As a Trained Therapist, I will always follow the FDA Device Manufacture use & maintenance guidelines. I have reviewed and discussed this form with the above client. **Therapist Signature** _____

Package Purchase Acknowledgement & Cancellation Policy:

Appointments:

A MINIMUM OF 24-HOURS NOTICE IS REQUIRED TO CANCEL OR RESCHEDULE AN APPOINTMENT IN ORDER TO AVOID A RESCHEDULING / CANCELLATION FEE. IF YOU NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT PLEASE CALL THE OFFICE AT (480) 269-5575. IF WE ARE UNABLE TO ANSWER YOUR CALL LEAVE BRIEF MESSAGE OR SEND A TXT.

WE DO UNDERSTAND THAT EMERGENCIES OR UNFORESEEN CIRCUMSTANCES MAY ARISE, WE ARE MORE THAN WILLING TO RESCHEDULE OR CANCEL YOUR APPOINTMENT IF NECESSARY. HOWEVER, WE KINDLY REQUEST THE COURTESY OF GIVING US AS MUCH ADVANCE NOTICE FOR CANCELING OR RESCHEDULING AS POSSIBLE. KEEP IN MIND THAT LAST MINUTE CANCELLATIONS OR "NO-SHOWS" LEAVE OUR THERAPIST WITH EMPTY APPOINTMENT TIMES. BECAUSE OF THIS CLIENTS THAT DO NOT HONOR THEIR APPOINTMENTS WILL BE CHARGED A CANCELLATION/RESCHEDULING FEE AT THE RATES LISTED BELOW, PER SERVICE SCHEDULED. PLEASE UNDERSTAND THAT ARRIVING LATE MAY ALSO LIMIT THE TIME OF YOUR THERAPY, THUS LESSENING ITS EFFECTIVENESS. **CLIENTS ARRIVING MORE THAN 15 MINUTES LATE MAY BE SUBJECT TO RESCHEDULING.** YOUR TIMELY ARRIVAL IS APPRECIATED.

 MORE THAN 24 HOURS NOTICE: SERVICE WILL BE CANCELLED/RESCHEDULED AT NO CHARGE

 LESS THAN 24 HOURS NOTICE or Same Day Cancellations: \$25.00 FEE WILL BE ASSESSED.

 FAILURE TO SHOW WITHOUT NOTICE: YOU FORFEIT YOUR SCHEDULED SERVICE AND ARE RESPONSIBLE FOR THE FULL COST OF THE APPOINTMENT WHICH WILL BE CHARGED FROM CARD ON FILE or Deducted from your Package.

 MONTHLY MEMBERSHIPS: Will be charged the day it starts of Every Month. You must notify us 30 days in advance requesting your membership to be cancelled, in order to not be billed for the following month.

Payment for Services:

- Payment must be collected at the time of service
- We accept all major credit cards & Cash

I acknowledge that I will/have purchased a single session or a series of colon hydrotherapy sessions at CLEAN COLONIC, LLC. I understand that due to the pre-ordering of equipment for services rendered there are no refunds once a package of therapy has been purchased. I also understand Clean Colonic, LLC has the right to refuse service for any reason at anytime if we deem appropriate.

I certify that I have read and understand the above policies. I guarantee payment of all charges incurred as a patient of CLEAN COLONIC, LLC.

Signed: _____ **Date:** _____

Print: _____