DISTINCT TOUCH CLIENT INTAKE FORM

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Name, Middle, Last Name ____

Email: ______________________________________ Birth Date: ______________

Address: ____

City: ____________________________ State: ______ Zip: __________________

Home Phone: ___________ Cell: ____________ Driver License #/ State: ____________

Referred By: __________________ Person Responsible for Payment: ______________

Name and Address of Primary Physician: ____________________________________

____

The information collected will help your practitioner assesses your health and design a protocol that will best fit your needs. All information is confidential. The State of Colorado requires that we update all client health history, personal data, and any new health concerns.

Please check all that applies:

☒ Asthma	☒ Arthritis	☒ Candida
☐ Diabetes	☒ Diarrhea	☒ Gastritis
☒ High Blood Pressure?	☒ Fainted Before?	☒ When had last Colonic?
☒ Headaches How often? _______	☒ Constipation Frequency _____	☒ Insomnia How long? ______
☒ Smoke How much per day? ______	☒ Eat Pork? How often? ______	☒ Drink Coffee? How much per day? ______
☒ Pregnant How long? ______	☒ Drink Regular Soda How much per day? ______	☒ Drink Diet Soda How much per day? ______

Please list all your medications and your dosages:

____

____

____

____

Please list your allergies ____

____

Please list your injuries and accidents by date:

____

____
Please list your surgeries by date: ____ ____
When were you last hospitalized? _____________ Reason?____ Other comments: ____ ____ ____
What is the reason for your visit today. How long have you been dealing with this issue? ____ ____ ____ ____
List vitamins and supplements that you are presently taking with the dosage and reason: ___________________ ____ ____ ____

I understand that the information I provided is true and correct. I understand that Distinct Touch is to assist me in evaluating my health. I am not being diagnosed. I understand that this will not replace physician care. I am not to be diagnosed.

This information will be kept private and confidential. I will have to sign a release form prior to sharing my information with other family members, professionals, doctors, insurance companies, or organizations.

I agree to pay all invoices in full at the time of service _____ (initial please). Any checks made and returned due to NSF will be assessed a $35.00 NSF per transaction ______ (please initial). Any uncollected balances will be turned over for collections and any legal fees assessed will be my responsibility ______ (please initial).

SIGNATURE: ____ DATE: _________________

Notice Designed to Comply with the Colorado Natural Health Consumer Protection Act As promulgated in SB 13-215 signed into Colorado law on June 5, 2013

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Olivia Valenzuela,

Distinct Touch, The Bodywork Center, Inc.

1819 N. Circle Dr., Suite 6
Colorado Springs CO 80909
719.471.3535

7850 Vance Dr., Suite 160
Arvada CO 80003
303.463.3306

Colon Hydrotherapy services provided at this center comply with the Colorado Health Freedom Act. Before seeking colon hydrotherapy, we recommend you seek the advice of your healthcare provider or primary care physician. In compliance with this act, we must advise you:

A) There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a colon hydro therapist, they are not a physician. This means and implies that they cannot and will not:

(1) Perform surgery or any other invasive procedure, including a procedure that requires entry into the body through skin, puncture, mucosa, incision, of other intrusive method.

(2) Administer or prescribe X-ray radiation to another person.

(3) Prescribe, administer, inject, dispense, suggest, or recommend a prescription of, or legend drug, or controlled substance, or device identified in the Federal "Controlled Substance Act" 21 U.S.C. Sec 801 Et Seq., as amended.

(4) Use general of spinal anesthetics other than topical anesthetics.

(5) Use a laser device that punctures the skin, incises the body, or is otherwise used as an invasive instrument.

(6) Practice midwifery.

(7) Practice psychotherapy.

(8) Perform spinal adjustment, manipulation, or mobilization.

(9) Provide Optometric Procedures or interventions that constitute the practice of optometry.

(10) Directly administer medical protocols to a pregnant woman or to a client who has cancer.

(11) Treat a child who is under the legal adult age of eighteen years.

(12) Provide dental procedures or interventions that constitute the practice of dentistry.

(13) Set fractures.

(14) Practice or represent that he is practicing massage therapy or providing deep stroking muscle tissue of the human body.

(15) Provide a conventional medical disease diagnosis to a client.

(16) Recommend the discontinuation of a course of care including a prescription drug that was recommended or prescribed by a health care professional.

(17) Hold oneself out as or indicate, advertise, or imply to a client or prospective client that he is a physician, surgeon, or both, or that he is a health care professional who is licensed, certified, or registered by the state.

(B) Colon Hydrotherapy is an elective alternative or complementary to the healing arts services.

(C) The services of Colon Hydrotherapy and the Therapist that provide the services are NOT licensed by the state of Colorado.

(D) The session of colon hydrotherapy includes the following procedures:

(1) The client will insert and retract the speculum.

(2) Warm (temperature and pressure regulated and controlled) water will flow into the large intestine softening the fecal material which will be released through normal peristalsis into the sewer.

(3) Your dignity and modesty will be maintained always.

(4) The session on the table will last approximately 30-45 minutes.

(5) I have professional liability insurance specific to colon hydrotherapy.

(E) The theory of colon hydrotherapy is more historical and intuitive than scientific as there have not been any medical studies to validate the effectiveness of this modality. It is purported this started thousands of years ago with the simple enema which has evolved into present day colon hydrotherapy. Good-sense indicates hydration of the body through the large intestine could enhance the health of the individual when they are medically stable and without medical contraindications. Many people simply report they feel better after colon hydrotherapy; maybe due to hydration and/or the release of the bowel contents.

On the other hand, there is a growing number of health care practitioners that believe in autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the large intestine. This theory may or may not have validity depending on who you listen to, but we know there is an increased level of toxins in our environment and logic tells us that anything we can do to assist the body in ridding itself of toxins should, and does, have some value.

(F) I, Olivia Valenzuela, have been trained by I-ACT and follow the I-ACT Guidelines. I am an I-ACT

and NBCHT member, and currently certified by I-ACT at the ADVANCE LEVEL for 15 YEARS, and have

been in practice since 1997. You may validate this information by checking with the I-ACT Office at (210) 366-2888 or go to the I-ACT website at www.i-act.org and then check the referral section.

I, the client, acknowledge that I have read the above disclosure and have been given a copy of this document. This information was provided to me in a language I can read and understand. This document will be maintained for two years after the last date of service.

Dr. Olivia Valenzuela, BD, DNM

Distinct Touch, The Bodywork Center, Inc.

1819 N. Circle Dr., Suite 6
Colorado Springs CO 80909
719.471.3535

7850 Vance Dr., Suite 160
Arvada CO 80003
303.463.3306

____

Print Client Name ____ Date ______________

Client Signature _____________________________ Date _______________

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

Natural Medicine Doctor Disclosure Statement and Consent for Treatment

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Natural Medicine Doctor Name, Address, and Phone Number:

Dr. Olivia Valenzuela, BD, DNM
Distinct Touch, The Bodywork Center, Inc.

1819 N. Circle Dr., Suite 6
Colorado Springs CO 80909
719.471.3535
Fax 719.329.0382

7850 Vance Dr., Suite 160
Arvada CO 80003
303.463.3306

The nature of the services the Natural Medicine Doctor will be providing: ________________

____

____

____

Naturopathic Doctors may be registered in other states. Dr. Olivia Valenzuela, BD, DNM, is not a registered or licensed Naturopathic Doctor in Colorado. Dr. Olivia Valenzuela has been certified by the American Naturopathic Medical Association (ANMA) and has doctorate degrees from the Institute of BioEnergetic Medicine which uses the title of Doctor of Natural Medicine (DNM) and Bioenergetic Medicine Doctor (BD).

Complaints regarding this doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, please contact the Division at (303)894-7414 or find more information how to file a complaint at:
http://www.dora.state.co.us/reg_investigations/file_complaint.htm.

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts:

- Prescribe, dispense, administer or inject any prescription medications or devices other than epinephrine for anaphylaxis and barrier contraceptives (not including IUDs).
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical anesthetics.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years old.
- Treat a child who is two years of age or older, but less than eight years of age, unless:

    - ✓ (1) this form is fully completed and signed;

  - ✓ (2) the most recent immunizations schedule recommended by the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services is provided to the parent or guardian with this form; and
  - ✓ (3) A release of information is provided to the parent or guardian requesting permission to exchange information with the child's licensed pediatric health care provider, if the child has one.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted.
- Recommend the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

Although Dr. Olivia Valenzuela, BD, DNM, is not a Naturopathic Doctor regulated by the Naturopathic Doctor Act, Dr. Olivia Valenzuela, BD, DNM, is as a Doctor of Natural Medicine professionally bound to be governed by this Act.

Disclosure Statement

(To be completed by the doctor)

1. I, Dr. Olivia Valenzuela, BD, DNM, am <u>not</u> a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.
2. I am <u>not</u> a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.
3. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged two to seven, with a licensed pediatric health care provider.
4. If the patient is a child aged two to seven, I recommend that that the child's parent or guardian follow the immunizations schedule. A copy of the child's most recent immunization record must be submitted prior to the initial examination.
5. If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.

____ ________________________

Dr. Olivia Valenzuela, BD, DNM Date

Acknowledgement and Consent for Treatment

(To be completed by the adult patient, or parent/guardian if patient is a minor)

I, ______________________________________ (print adult patient's name, or if the patient is a minor, the parent or guardian name), acknowledge receipt of the above disclosure statement and give my informed consent for treatment for (circle one) myself or my child, ____________________ __________________________ (print patient's name) by the above named Natural Medicine Doctor.

Check one:

The patient ☐ does ☐ does not have a relationship with a licensed physician or pediatric health care provider.

Name, address, phone of licensed physician or pediatric health care provider:

____

____

____

____

Signature of Patient/Parent or Guardian Date

(This form must be completed and signed prior to the initial examination of the patient. If this form is altered, the form provided to the patient must contain all of the information detailed in this form, and comply with §§ 12-37.3-105(2)(f), (3)(b), and 12-37.3-111, C.R.S., and all other laws applicable to Naturopathic Doctors.)

DESIGNATION FOR RELEASE OF MEDICAL INFORMATION
TO A
FAMILY MEMBER, FRIEND, OR LEGAL REPRESENTATIVE

It is *Distinct Touch, The Bodywork Center, Inc.*'s responsibility to ensure that the doctor-patient relationship is confidential. We realize that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or medical needs. Dr. Olivia Valenzuela, BD, DNM, and staff wants you to be able, if you so desire, to name a person to whom you want the office staff to speak with about your medical condition. To enable that, we would ask that you complete the form listed below. Please note the following points:

- ✓ Only one person can be designated for this role.
- ✓ The designation is valid until you cancel it in writing.
- ✓ If you designate no one, Distinct Touch, The Bodywork Center, Inc. will not release information to any family member, friend, or legal representative.

DESIGNATION STATEMENT

I, ____, designate the following person to be able to speak to a physician at *Distinct Touch, The Bodywork Center, Inc.*, or other staff member, should it be necessary, on my behalf. I hereby give permission to *Distinct Touch, The Bodywork Center, Inc.* through its physicians and staff to release to my designee any information about my medical condition or medical needs or the financial status of my account and I release *Distinct Touch, The Bodywork Center, Inc.* its practitioners and staff, from any claim of confidentiality in connections with the release of this information.

Name of Designated Person: ____

Relationship: __________________________ Phone Number: ____________________________________

(Please provide both home/work telephone numbers.)

Client's Name: ____

Client's Driver License #: ____

Client's Signature: ____

Date: ___________________________ Witness: ____

I decline to designate another person to speak with my physician or clinical staff.

Client's Signature: ____

Date: ___________________________ Witness: ____

Distinct Touch, The Bodywork Center, Inc.

Distinct Touch, The Bodywork Center, Inc.

PAYMENT AGREEMENT & CANCELLATION POLICY

Please read the following agreement. It explains your financial obligations while under our care and our policies regarding cancellations.

1) Payment is always due at the time of service.
2) We accept the following forms of payment:

    a) Cash
    b) Check
    c) Debit Card
    d) Visa
    e) Master Card

3) We do not accept insurance, however if you have a PPO-style plan (these are plans that allow you to see doctors who are not part of your insurance company's provider network), we can do the following:

    a) Provide information needed regarding services, labs, or imaging studies received to assist you in preparing a health insurance claim form that you can submit to your insurance company to request reimbursement of your charges with Distinct Touch.
    b) We can never guarantee that your insurance company will reimburse you for your visits or cover the cost of your labs and imaging studies. You are fully responsible for the cost of your care at our office.
4) We do not accept barter arrangements.

CLIENT APPOINTMENTS

All new clients are required to provide a valid credit card number, including expiration date and billing zip code, in order to schedule a new client appointment.

1. You will be charged a $25.00 cancellation fee if:
    a) You cancel your appointment with less than 8-hour notice;
    b) You are a first time Groupon client who did not provide a 24-hour notice to cancel;
    c) You arrive more than 10 minutes late for your appointment;
    d) If you fail to show up for your appointment at all without notification.
2. A 50% deposit is required for BodyScan appointments and consultations. If you fail to show up for your appointment and neglect to contact us prior to your appointment to reschedule, you will lose your deposit. You will also be charged a $25.00 late fee if you are more than 10 minutes late, cancel or reschedule your appointment with less than 8-hour notice or fail to show up for your appointment.

FOLLOW-UP VISITS

Follow up clients are not required to provide a valid credit card number in order to schedule an appointment.

UNPAID ACCOUNTS

Any client owing monies to Distinct Touch, The Bodywork Center, Inc. will not be scheduled for any appointments, eligible for loyalty programs or packages, or sale pricing until the client account is paid in full. We are not able to carry client debt.

WHY THIS POLICY IS NEEDED

Regretfully, Distinct Touch, The Bodywork Center, Inc. has been forced to institute this Payment Agreement and Cancellation Policy due to a large volume of last-minute cancellations, scheduling changes, and "no-shows." We have a very busy practice and assuring that all our established clients have access to their doctor when necessary is a constant challenge. When you cancel or reschedule with adequate advance notice, it is more
likely that another patient in need will be able to use your time-slot. When you cancel or reschedule at the last minute, or fail to show for your appointment, you are depriving another patient the care they need.

New patient visits require our staff to block out large time slots, making last-minute cancellations and rescheduling of visits even more problematic. We spend an inordinate amount of time and energy with each and every one of our new clients because we are committed to providing the highest quality care to be found anywhere. Again, please be aware that when you cancel or reschedule at the last-minute you are depriving care to another patient in need.

PHONE CONSULTATION CHARGES

Distinct Touch, The Bodywork Center, Inc. charges for phone and office consultations. They require the same time and expertise as office visits.

1) Billing for phone consultations is, however, at staff's discretion. You may not be charged if the nature of the consultation is uncomplicated, such as taking a minute to answer a question about your treatment protocol.
2) If any type of extended discussion ensues or if a number of questions need to be addressed and exceeds two or three minutes, it is likely your doctor will charge for the phone or office consultation.

By signing this payment agreement & cancellation policy, you are indicating that you understand and agree to the terms of service explained above. You are also indicating
that you have given your permission to us to charge your credit card if any of the above stipulations apply to you.

Distinct Touch, The Bodywork Center, Inc.

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(303) 463 3306 Fax same

Print Name of Patient or Legal Guardian:____
Signature:____ Date:______________________
Type of Card: Visa MC Card Number:____
Expiration:______________ Security Code:___________ Billing Zip Code:_________________