

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ # of children \_\_\_\_\_

Emergency contact: Name and Phone # \_\_\_\_\_

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

Have you ever received Colon Hydrotherapy? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How many bowel movements do you usually have per day? \_\_\_\_\_

Do you take Laxatives? Y/N If so, how often? \_\_\_\_\_

How much water do you drink daily? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_ What type of exercise? \_\_\_\_\_

Do you follow a special diet or Nutritional Program? \_\_\_\_\_

What is your #1 health goal or concern at this time? \_\_\_\_\_

---

List of medications/supplementations \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries \_\_\_\_\_

**Please check all the following symptoms, WHICH YOU NOW HAVE OR HAVE HAD IN THE PAST. Be as thorough as possible. Your health history is strictly confidential.**

**General Symptoms**

Headache  
Fever  
Chills  
Night sweats  
Fainting  
Dizziness  
Seizures  
Insomnia  
Fatigue  
Anxiety  
Depression  
Cancer  
High blood sugar  
Low blood sugar  
Back/Neck pain  
Infectious disease

**Eyes, Ears, Nose, Throat**

Poor vision  
Double/Blurred vision  
Eye pain  
Hard of hearing  
Earache  
Ringing in ear  
Nose bleeds  
Sinus infections  
Swollen tonsils  
Enlarged lymph glands  
Frequent colds

**Skin**

Rash  
Itching  
Bruises easily  
Dryness  
Eczema  
Varicose Veins  
Psoriasis

**Respiratory**

Chronic cough  
Asthma  
Shortness of Breath  
Bronchitis  
Emphysema

**Cardiovascular**

High Cholesterol  
Poor circulation  
Rapid heart beat  
Slow heart beat  
Irregular heart beat  
Chest pain  
Heart attack  
Heart Disease  
Congested heart failure  
Swelling in ankles  
Anemia

**Genito-urinary**

Frequent urination  
Painful urination  
Blood in urine  
Kidney trouble  
Incontinence  
Prostate trouble

**Gastro-intestinal**

Poor appetite  
Excessive hunger  
Difficult digestion  
Belching  
Gas  
Bloating  
Heartburn  
Fistula or Fissures  
Nausea/Vomiting  
Abdominal pain  
Constipation  
Diarrhea  
Changes in stool  
Bloody or Black stools  
Intestinal parasites  
Candida  
Liver trouble  
Gallbladder trouble  
Jaundice  
Hemorrhoids  
Colitis  
BM painful/difficult/strain  
Diverticulosis

## **SCREENING FOR COLON HYDROTHERAPY**

### **CONTRAINDICATIONS (current conditions or in the Last 6 months):**

ANAL FISSURE (acute, painful crack or tear)  
ANAL FISTULA (infected anal fissure)  
ABDOMINAL ANEURYSM  
CROHN'S DISEASE  
COLON CANCER  
COLON, RECTAL, OR ABDOMINAL SURGERY (less than 6 months ago)  
DIVERTICULITIS (not contraindicated if you have had no episode within 6 months AND you are currently symptom free)  
INTESTINAL PERFORATIONS  
SEVERE HEMORRHOIDS (now painful or bleeding)  
HERNIA, UNREPAIRED (abdominal or inguinal)  
KIDNEY DIALYSIS  
CIRRHOSIS/ASCITES  
RENAL INSUFFICIENCY/RENAL FAILURE  
RECTAL BLEEDING (current)  
ULCERATIVE COLITIS  
UNCONTROLLED HIGH BLOOD PRESSURE  
CONGESTIVE HEART FAILURE  
PREGNACY (current, and until 6 weeks post partum)

**\*\*\*\*\*IF YOU MUST CURRENTLY ANSWER YES TO ANY OF THE ABOVE,  
PLEASE HAVE YOUR COLONIC SESSION AT ANOTHER TIME\*\*\*\*\***

## INFORMED CONSENT for COLON HYDROTHERAPY

COLON HYDROTHERAPY (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, gas, mucus, harmful toxins and bacteria. The client positions self on a single-use, disposable, sterile rectal nozzle and triple-filtered, purified warm water flows slowly into the colon. During the 40 minute session a total of approximate 8 gallons of water will gently flow into and out of the large intestine. By signing below, client acknowledges full instructions for use has been given. Body Flow Wellness uses a FDA Registered Class II state-of-the-art, open system called Angel of Water, which allows the client as much privacy as she/he desires. The colon hydrotherapist is always available to be present in the room with the client during each session as per the client's expressed wishes.

Side effects and risk factors are very uncommon, but can occur; consequently, in rare instances, such effects and factors , included but not limited to: fatigue, nausea, flu-like symptoms (from toxins being released), and/or tear of the anus, rectum, colon. Hemorrhoids: may become irritated, inflamed or bleed.

**By signing below, I understand the risks and benefits of colon hydrotherapy. I authorize the colon hydrotherapist to administer the service of Colon Hydrotherapy. I acknowledge colon hydrotherapy is not intended to replace or be a substitute for medical care. I am aware that the Colon Hydrotherapist is not a physician and cannot diagnose, treat or prescribe.**

~ I affirm that I understand the purpose and potential risks of the procedure, and that it is an elective service.

~I hereby release Body Flow Wellness, LLC from any and all liability which may occur in connection with the above mentioned procedure.

~I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.

**CANCELLATION POLICY:** Your appointment time is booked just for you. As a professional courtesy to other clients and staff, we request a 24 hour notice if you must cancel or reschedule your appointment. **NO CALL/NO SHOWS will be charged 100% of total services booked.**

---

Signature of Client (or of Guardian if under age 18)

Date