





HUMBLE BODY, LLC

Detoxification & Herbal Wellness Services

825 Elm St., Houma, LA 70364

 humblebodyllc.com |  (Add your number)

CLIENT INTAKE FORM – COLON HYDROTHERAPY

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Height: _____ Weight: _____

Gender: Male Female Other

Emergency Contact Name: _____

Emergency Contact Phone: _____

HEALTH HISTORY

Primary reason for visit:

Are you currently under medical care? Yes No

If yes, explain: _____

Current medications/supplements:

Allergies (food, herbs, latex, etc.): Yes No

If yes: _____

Past surgeries (type & date):

MEDICAL CONDITIONS

(Check all that apply)

- High blood pressure
 - Heart disease
 - Diabetes
 - Digestive disorders
 - IBS / Constipation
 - Hemorrhoids
 - Liver disease
 - Kidney issues
 - Autoimmune condition
 - Cancer (past/present)
 - Other: _____
-

IMPORTANT CONTRAINDICATIONS

(Colon Hydrotherapy may NOT be performed if any apply)

- Severe cardiac disease
- Congestive heart failure
- Hemorrhage or perforation
- Severe hemorrhoids
- Colon or rectal cancer
- Fissures / fistulas
- Pregnancy
- Abdominal hernia
- Recent colon/rectal surgery
- Intestinal perforation
- Aneurysm
- Severe anemia
- Cirrhosis

LIFESTYLE

Diet description: _____

Water intake: _____

Exercise frequency: _____

Bowel movement frequency: _____

CLIENT ACKNOWLEDGMENT

I certify that the above information is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____



LOUISIANA COLON HYDROTHERAPY WAIVER & CONSENT

I voluntarily request and consent to Colon Hydrotherapy services...

HUMBLE BODY, LLC

Detoxification & Herbal Wellness Services

Houma, Louisiana

LOUISIANA COLON HYDROTHERAPY WAIVER & CONSENT

INFORMED CONSENT & LIABILITY WAIVER

I, _____, voluntarily request and consent to receive Colon Hydrotherapy services.

1. NATURE OF SERVICE

Colon Hydrotherapy is a process that involves the infusion of filtered water into the colon for cleansing purposes. I understand this is a wellness service and not medical treatment.

2. NO MEDICAL CLAIMS

I understand that:

- This service is not intended to diagnose, treat, cure, or prevent any disease
 - Practitioners are not medical doctors
 - I should consult a licensed physician for medical concerns
-

3. RISKS & RESPONSIBILITY

I understand there are potential risks, including but not limited to:

- Cramping
- Nausea
- Dizziness
- Bowel irritation
- Rare complications if contraindications are present

I confirm that:

- I have disclosed all relevant medical conditions
 - I take full responsibility for my health decisions
-

4. CONTRAINDICATION CONFIRMATION

I certify that I do NOT have any of the following conditions unless disclosed and cleared:

- Severe cardiac disease
 - Colon or rectal cancer
 - Active bleeding or perforation
 - Recent colon surgery
 - Pregnancy
 - Any condition listed on intake form
-

5. ASSUMPTION OF RISK

I voluntarily assume full responsibility for any risks, injuries, or outcomes resulting from this service.

6. RELEASE OF LIABILITY

I hereby release, waive, and discharge **Humble Body, LLC**, its owner, employees, and practitioners from any and all liability, claims, damages, or causes of action arising from participation in services.

7. HOLD HARMLESS AGREEMENT

I agree to indemnify and hold harmless **Humble Body, LLC** from any claims, including legal fees, resulting from my participation.

8. MEDICAL COST RESPONSIBILITY

I understand that **Humble Body, LLC** is not responsible for any medical expenses that may arise.

9. LOUISIANA GOVERNING LAW

This agreement shall be governed by the laws of the State of Louisiana.

10. PHOTO RELEASE (OPTIONAL)

I consent to the use of my image for educational/promotional purposes

I do NOT consent

11. CLIENT CERTIFICATION

I confirm that:

- I am at least 18 years old
 - I have read and understand this document
 - I sign voluntarily
-

Client Name: _____

Signature: _____

Date: _____

PRACTITIONER SIGNATURE

Name: Amanda Luke

Signature: _____

Date: _____