HUMBLE BODY, LLC

825 Elm St. • Houma, LA 70364
985-303-5880 • humblebodyllc.com

Client Intake • Health History • Contraindication Screening

CLIENT INFORMATION & HEALTH HISTORY

Personal Information

Name: _____ DOB / Age: _____

Address: _____ City / State / ZIP: _____

Phone: _____ Email: _____

Weight: _____ Height: _____ Gender: ☐ Male ☐ Female

What Brings You In Today?

☐ Bio-Scan ☐ Foot Detox ☐ Colon Hydrotherapy ☐ Other: _____

Health History

1. Main reason(s) for seeking holistic care: _____

_____

2. Medical conditions? ☐ Yes ☐ No If yes: _____
3. Under medical care now? ☐ Yes ☐ No Reason: _____
4. Current medications / supplements:
   - _____ Purpose: _____
   - _____ Purpose: _____
   - _____ Purpose: _____
5. Allergies (food, herbs, medications, etc.)? ☐ Yes ☐ No If yes: _____
6. Past surgeries? ☐ Yes ☐ No If yes, what and when? _____

Lifestyle

Exercise: ☐ Rarely ☐ 1-2x/week ☐ 3-4x/week ☐ Daily

Type of exercise: _____

Sleep per night: ☐ <5 hrs ☐ 5-6 hrs ☐ 7-8 hrs ☐ 9+ hrs

Stress level: ☐ Low ☐ Moderate ☐ High

Main source of stress: _____

Diet description: _____

Special diet (vegan, gluten-free, etc.): _____

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Emotional, Spiritual & Wellness Background

Tried alternative therapies? ☐ Yes ☐ No

If yes, which: _____

Mindfulness / spiritual practice? ☐ Yes ☐ No

How often / type: _____

Emotional or spiritual concerns you would like noted: _____

Women Only

Post-menopausal? ☐ Yes ☐ No

If yes, age: _____

HRT or hormone-based birth control? ☐ Yes ☐ No

Menstrual cycle regular? ☐ Yes ☐ No

Longer / shorter than 28 days: _____

Flow longer / shorter than 5 days: _____

Cramping or clotting? ☐ Yes ☐ No

Typical flow color: ☐ Bright red ☐ Purple ☐ Brown

PMS / headaches / cravings: _____

Background & Familiarity

Major life event(s) around the onset of current concerns (job loss, illness, divorce, etc.): _____

Check all you are familiar with:

☐ Homeopathy ☐ Flower Remedies ☐ Probiotics ☐ Aromatherapy

☐ Muscle Testing ☐ Herbals ☐ Enzymes ☐ Sports Nutrition

Additional Screening

Question	Yes	No
Are you pregnant?	☐	☐
Have you had an organ transplant?	☐	☐
Do you have an electronic health device (for example, a pacemaker)?	☐	☐

If you are receiving Colon Hydrotherapy, please complete the screening on the next page.

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COLON HYDROTHERAPY CONTRAINDICATION SCREENING

To better serve you, please complete this section honestly. A contraindication is a health condition in which a procedure or treatment may be inadvisable because it could be harmful. If you check any item below, please provide details so your session can be appropriately reviewed.

First and last name: _____

Are you under the care of a physician for any illness? If so, please elaborate: _____

CHECK and DATE if you have had any experience with the following contraindications:

☐ Abdominal Hernia Date: _____
☐ Abdominal Surgery Date: _____
☐ Abnormal Distension Date: _____
☐ Acute Liver Failure Date: _____
☐ Aneurysm Date: _____
☐ Crohn's Disease Date: _____
☐ Colitis Date: _____
☐ Dialysis Date: _____
☐ Diverticulosis / Diverticulitis Date: _____
☐ Fissures / Fistulas Date: _____
☐ Hemorrhages (internal / external) Date: _____
☐ Hemorrhoidectomy Date: _____
☐ Intestinal Perforations Date: _____
☐ Rectal / Colon Surgery Date: _____
☐ Renal Insufficiencies Date: _____

CHECK any that apply. These may not always prevent a session, but they should be reviewed:

☐ Blood in Stool
☐ Colonoscopy
☐ Use Laxatives
☐ BM Painful / Difficult
☐ Constipation / Diarrhea
☐ Vomiting
☐ Cancer
☐ Anemia
☐ High Blood Pressure
☐ Hemorrhoids
☐ Cardiac Condition

If you marked any item above, please specify the type, date, and any relevant details: _____

_____

_____

Client Acknowledgment

☐ I have not been diagnosed with any contraindication for colon hydrotherapy.

☐ I have been diagnosed with a contraindication and want to cancel my appointment.

☐ I have been diagnosed with a contraindication and want to explore other options. Please follow up with me.

☐ I am over age 18, or I have a parent / legal guardian with me.

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SERVICE DISCLAIMER & CONSENT

Bio-Scan & Foot Detox Disclaimer

I understand that the services provided, including the QEST4 evaluation and Foot Detox, are for educational and informational purposes related to nutrition, lifestyle, detoxification support, and energetic balance only. The practitioner is not a licensed medical doctor and does not diagnose, treat, or prescribe for any disease or medical condition.

I acknowledge that the QEST4 system is a non-invasive tool that identifies energetic imbalances but does not provide a medical diagnosis. I further understand that Foot Detox services are non-invasive and intended to support the body's natural detoxification processes through external means, and are not intended to diagnose, treat, or cure any medical condition.

Any recommendations made are based on energetic patterns and general wellness support and are not intended to replace medical advice or treatment by a licensed physician. I agree to continue my care with my primary healthcare provider and to consult them before making any changes to prescribed medications or treatments.

I accept full responsibility for my health decisions and will not hold the practitioner liable for outcomes related to services received, including QEST4 evaluation and Foot Detox. I understand that temporary discomfort, including mild detoxification responses, may occur as part of the body's natural processes.

Colon Hydrotherapy Acknowledgment

I understand that this Center uses FDA Registered Medical Devices for Colon Hydrotherapy and disposable sterile nozzles or speculums. I understand that the therapist has completed device training and that this Center does not have a licensed medical director on site.

I am aware that 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. If I experience resistance or pain during insertion, I will immediately stop. If I experience extreme discomfort or pain during the session, I am responsible for immediately stopping the session.

Confidentiality & Agreement

All information shared will remain confidential and will only be released with my written consent.

By signing below, I confirm that I have read, understood, and voluntarily agree to the applicable statements, screening information, disclaimer, and consent above.

Client Signature: _____

Date: _____

Parent / Legal Guardian Signature (if applicable): _____

Practitioner / Witness: _____

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HUMBLE BODY, LLC

Client Policies, Waiver & Cancellation Agreement

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HUMBLE BODY, LLC CLIENT POLICIES, WAIVER & CANCELLATION AGREEMENT

By receiving services at from Humble Body, LLC, you are agreeing to the following terms. PAYMENT FOR SERVICES: Payment must be collected at the time of service. All sales are final. No refunds on services. All infusions and implants pricing is per session. Due to preparation, infusions and implants that are cancelled at the time of service will incur a $5 cancellation fee.
We accept all major credit cards, cash, and checks I acknowledge that I will/have purchased a single session or a package (series) of colon hydrotherapy , Foot Detox, and Bio-Scan, sessions at Humble Body, LLC.
LIABILITY & WAIVER:
1. In consideration for receiving information to participate in a SINGLE or MULTIPLE colon hydrotherapy session(s) and any other wellness services at
Humble Body, LLC and other considerations, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Humble Body, LLC, their instructors or employees (herein referred to as RELEASES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any illness, including but not limited to COVID-19 (and all variants) or injury that may be sustained by me by participating in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation from the premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF PERSONAL INJURY OR RESULTING ILLNESS, that may be sustained by me, as a result of being engaged in such activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASES or otherwise.
4. It is my expressed intent that this RELEASE AND HOLD HARMLESS AGREEMENT shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above RELEASES. I hereby further agree that this WAIVER of LIABILITY AND HOLD HARMLESS AGREEMENT shall be constructed in accordance with the laws of the State of Louisiana.

5. I UNDERSTAND THAT Humble Body, LLC, WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY OR ILLNESS THAT MAY BE SUSTAINED. I hereby agree to indemnify and pay for any medical care for myself due to the participation in the activity contemplated herein.
6. In the event of any emergency I authorize Humble Body, LLC, without liability and in their sole discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my immediate care, and agree that I will be responsible for payment of any and all such medical, professional, emergency services, assistance.
7. IN MAKING THIS PURCHASE FOR ANY SERVICES, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing WAIVER of LIABILITY and HOLD HARMLESS AGREEMENT, understand it and signed it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the RELEASE for full, adequate, and complete consideration fully intending to be bound by the same.
8. RESULTS MAY VARY! We do not guarantee or promise any results from receiving services.

CANCELLATION POLICY
We trust you will book your treatment at the best suitable time and date convenient for yourself.
We enforce a standard and strict 24 hour cancellation policy. If you need to cancel or reschedule your appointment, please do so within 24 hours in order to avoid the full rate penalty. Each appointment is booked for an hour. The session itself is from 40-45 minutes.
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 OR TEXT US AT 985-303-5880 (Do not email).
IF WE ARE UNABLE TO ANSWER YOUR CALL LEAVE BRIEF MESSAGE OR TEXT. 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 respectfully request the courtesy of giving us as much advance notice as possible, when cancelling or rescheduling.
Keep in mind that last minute cancellations or "no-shows" leave our therapist with empty appointment times. Because of this, if you "no-show" for your appointment, you will forfeit your scheduled service and are responsible for the full cost of the appointment which will be charged to the card on file or deducted from purchased package.
CANCELLATION FEE SCHEDULE:
• MORE THAN 24 HOURS NOTICE: SERVICE WILL BE CANCELLED/RESCHEDULED AT NO CHARGE
• LESS THAN 24 HOURS NOTICE or SAME DAY CANCELLATIONS/RESCHEDULES: 25.00 WILL BE ASSESSED. • FAILURE TO SHOW WITHOUT CALL OR TEXT: 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 PURCHASED PACKAGE. PLEASE UNDERSTAND THAT ARRIVING LATE WILL LIMIT THE TIME OF YOUR THERAPY. CLIENTS ARRIVING MORE THAN 15 MINUTES LATE MAY BE SUBJECT TO RESCHEDULING AND 25.00 LATE CANCEL FEE. YOUR TIMELY ARRIVAL IS APPRECIATED.

Client Acknowledgment & Signature

I acknowledge that I have read, understand, and agree to the Humble Body, LLC Client Policies, Waiver, and Cancellation Agreement. I have had the opportunity to ask questions and voluntarily consent to receive services.

Client Name (Print): _____

Client Signature: _____

Date: _____

Parent/Legal Guardian (if under 18): _____

Relationship to Client: _____

Humble Body, LLC Representative: _____

Representative Signature: _____

Date: _____

Client Initials: _____ I understand that Humble Body, LLC provides wellness services and education and does not diagnose, treat, cure, or prescribe for medical conditions. I understand these services are not a substitute for medical care from a licensed healthcare provider.

FOR OFFICE USE ONLY

Bach Flower Consultation:

_____

pH Levels:

_____

Eye Photo and Findings:

_____

Face Photo and Findings:

_____

Tongue Photo and Findings:

_____

Nail Photo and Findings:

_____

Active MRT Points:

_____

Recommendations:

_____

_____

Colon Hydrotherapy Notes / Contraindication Review:

_____

_____

Next consultation recommended on:

_____