CLIENT HISTORY
Colon Therapy

Colon Hydrotherapy
The More You Relax, The More You Release

This information will help us meet your individual needs. Thank you for your cooperation.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Phone: Home _____ Cell _____

Occupation _____ Birthdate _____

Height _____ Weight _____ Male/Female _____

MaritalStatus _____ Glasses/Contacts _____

Emergency Contact _____ Blood Pressure _____

Please describe your wellness goal(s): _____

Referred By _____

IT IS IMPORTANT to have a thorough understanding of your past and present physical condition to provide you with a quality health care program. Take your time and check any of the following you **HAVE** had. **UNDERLINE ANY YOU CURRENTLY HAVE.**

GASTROINTESTINAL

- ☐ recent constipation
- ☐ chronic constipation
- ☐ diarrhea
- ☐ intestinal worms
- ☐ colitis
- ☐ diverticulitis
- ☐ bowel impactions
- ☐ hemorrhoids
- ☐ appendicitis
- ☐ bloody or black stools
- ☐ fistula or fissures
- ☐ ulcers
- ☐ hernia - abdominal
- ☐ Crohn's Disease
- ☐ recurrent abdominal pain
- ☐ vomiting
- ☐ persistent change in stool
- ☐ protruding, sagging, tender stomach
- ☐ gas, belching or flatulence

METABOLIC

- ☐ underweight
- ☐ overweight
- ☐ diabetes
- ☐ low blood sugar
- ☐ high cholesterol
- ☐ frequent heart burn
- ☐ renal (kidney) insufficiencies
- ☐ dialysis
- ☐ thyroid conditions

MUSCULOSKELETAL

- ☐ painful joints
- ☐ leg or muscle cramps
- ☐ muscle pain
- ☐ recent accident

CONTAGIOUS DISEASE

- ☐ Epstein Barr Virus
- ☐ HIV
- ☐ Mononucleosis
- ☐ Herpes
- ☐ Hepatitis

GENERAL

- ☐ autoimmune disease
- ☐ heart disease / congestive heart failure
- ☐ cancer
- ☐ skin sores
- ☐ body odors
- ☐ high blood pressure
- ☐ low blood pressure
- ☐ frequent headaches/ migraine
- ☐ nervousness, anxiety
- ☐ insomnia
- ☐ irritability
- ☐ anemia
- ☐ anemia
- ☐ menstrual problems
- ☐ prostate trouble
- ☐ fatigue
- ☐ epilepsy
- ☐ skin disorders
- ☐ pregnant
- ☐ nursing
- ☐ fibroids
- ☐ aneurysm

Are you on a nutritional diet program? _____ Yes _____ No

Are you taking vitamins and minerals? _____ Yes _____ No

Please list the supplements you are taking:

1 _____ 7 _____

2 _____ 8 _____

3 _____ 9 _____

4 _____ 10 _____

5 _____ 11 _____

6 _____ 12 _____

Have you had a ...

1 Barium Enema	_____ Yes	_____ No	_____ Year
2 Blood Test	_____ Yes	_____ No	_____ Year
3 Hair Analysis	_____ Yes	_____ No	_____ Year
4 Urine Analysis	_____ Yes	_____ No	_____ Year
5 Colonoscopy	_____ Yes	_____ No	_____ Year
6 Colon Hydrotherapy	_____ Yes	_____ No	_____ Year

1 Surgeries: Date

_____

_____

_____

_____

2 Medications:

_____

_____

_____

_____

3 Allergies:

_____

_____

_____

_____

4 Habits:

	How many ounces? / How often?		How Much? / How often?		How Much? / How often?
Coffee	_____	Tobacco	_____	Exercise	_____
Tea	_____	Drugs-Medication	_____	Rest	_____
Soda Pop	_____	Drugs-Recreation	_____	Meditation	_____
Alcohol	_____	Anxiety	_____	Stress Release	_____
Water	_____	Dieting	_____		

Frequency of Bowel Movements:

_____ Less than a week
_____ Once a week
_____ About every____Days
_____ Daily
_____ Twice daily
_____ Other, Describe

Occurence Of Bowel Movements:

_____ Spontaneous
_____ Only after eating something
_____ Effortless
_____ Often Requires Straining
_____ Painful
_____ Blood in stool

Use of Laxative:

_____ Frequent
_____ Occasional
_____ Never

Type used:

_____

_____ Enema

NOTES

- I understand that treatments are given by a Certified Colon Hydrotherapist.
- I have listed all my known medical conditions and physical limitations, and I will inform the therapist of any changes in my physical health.
- I agree that all services rendered to me are charged directly to me and I am responsible for payment unless prior arrangements have been made.
- I agree to pay for all scheduled appointments that I am unable to keep unless I notify the clinic at least 48 hours in advance. Any cancellations need to be made Monday-Friday between 9am-2pm to prevent short notice cancellations penalties.

Signature: _____ Date: _____

If you have any questions, feel free to ask your therapist.

Policies and Agreements

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CLIENTS MISSED APPOINTMENTS POLICIES

Definitions:

Policy: A method or course of action designed to influence and determine decisions; a guiding principle or procedure.

Appointment: A meeting with someone at a certain time or place.

Missed: Fail to keep, do, or be present at.

It is our wish that each and every one of our clients receive the very best care and service possible. Your treatment program consists of a specific series of treatments given over a pre-planned time span. If you cannot follow this plan, then you will not receive the desired effect.

If we did not insist you meet all of your appointments, we would be doing you a disservice and it would indicate a lack of care on our part. We indeed care about you and the success of your program! Therefore, we have a few simple rules that we must insist you follow:

1. Meet all of your scheduled appointments. Arrange the activities in your life so this can occur.
2. If you become ill, please let us know as early as possible and our therapists will be glad to help you recover faster after you're no longer contagious.
3. Let us know at least 48 business hours in advance. Any cancellations need to be made Monday-Friday between 9am-2pm to prevent short notice cancellation penalties
4. There is no refund for missed/cancelled appointments with less than 48 hours business hours advance notice.

I have read and understand the above policy.

_____ _____

Client's Name (Please Print) Date

_____

Client's Signature

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Informed Consent Form

I, the undersigned, authorize Jennifer Lochren-Loureiro, Darlene Holloway, and/or Melissa Presock, to administer Colon Hydrotherapy sessions. We are not physicians and therefore are not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risks of Colon Hydrotherapy as described below.

COLON HYDROTHERAPY (or colonic) is a gentle purified water washing of the large intestine. The client lies on a massage table and, with a Colon Hydrotherapy instrument, purified and triple-filtered water is run very slowly into the colon by the practitioner. When slight pressure builds up in the colon, the practitioner reverses the water flow to empty. As the water and waste are flowing out through an illuminated glass viewing tube, the abdominal area is massaged. This process is repeated several times during the period of 30 - 40 minutes. **Healing Waters of Raleigh uses a Colon Hydrotherapy system with single-use, disposable speculum and tubing. The Colon Hydrotherapist is always present in the room with the client during each session.**

COLON HYDROTHERAPY may be used to cleanse the colon by removing fecal material, gas and mucus. It may also be prescribed by a physician in preparation for the diagnostic study of the large intestine or for other conditions.

Possible contraindications are: severe cardiac disease, GI hemorrhage/perforation, carcinoma of the colon, recent colon surgery (within 6 months), and renal insufficiency. **If you have any of these conditions you must consult your physician first. Jennifer Lochren-Loureiro, Darlene Holloway, and/or Melissa Presock will review your questionnaire at the first visit before you receive Colon Hydrotherapy to determine whether or not this procedure is appropriate for you.**

- I affirm that I understand the purpose and potential benefits of Colon Hydrotherapy.
- I understand and freely accept the potential risks of the procedure.
- An offer has been made to answer my questions about the procedure.
- I freely and voluntarily consent to the above procedure.
- I realize that no guarantee as to the results that may be obtained has been given to me by Jennifer Lochren-Loureiro, Darlene Holloway, Melissa Presock, or Healing Waters of Raleigh.
- I hereby release Jennifer Lochren-Loureiro, Darlene Holloway, and/or Melissa Presock and Healing Waters of Raleigh 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.
- I am not acting as an agent for any government, law office, or pharmaceutical company.

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

_____ Date _____

(919) 900-7405 • www.HealingWatersCHT.com • HealingWatersCHT@gmail.com