Complete for Colon Hydrotherapy

Why have you chosen to have a colonic session?

Doctor suggestion or prescription: [ ] Right to Self-Treat: [ ] Other: ____________________________

Have you experienced professional colon hydrotherapy (within the last 5 years)? Yes [ ] No [ ]

If so, where and when? __________________________________________________________

If you have been diagnosed with any of the following, a referral from your doctor is required before receiving colon hydrotherapy:

- Abdominal Hernia
- Dialysis
- Abdominal Surgery
- Diverticulosis/Diverticulitis
- Abdominal Distention
- Rectal Fissures & Fistulas
- Acute Liver Failure
- Hemorrhaging

- Anemia
- Hemorroidectomy
- Aneurysm- All Types
- Intestinal Perforations
- Carcinoma of the Colon
- Lupus
- Crohn's Disease
- Rectal/ Colon Surgery

- Renal Insufficiencies
- Colitis
- Jaundice
- Heart Trouble
- Rectal Bleeding
- Pregnant/ Date of last menstrual cycle? ______

- Are you currently taking any medications which may weaken the intestinal wall?

Do you now have or have you recently (within the last year) experienced any of the following:

- Painful Bowel Movement
- Bladder Infection
- Blood in Stool
- Burning/ Itching Anus
- High Blood pressure
- Hemorrhoids

- Barium Enema
- Colonoscopy
- Vomiting

General Health Information:

Please indicate any of the following which you have currently or recently experienced. Rate severity of any indicated conditions on a scale of 1 to 10, with 10 being the most severe.

- Acne
- Difficult Breathing
- Allergies
- Difficult Digestion
- Kidney Problems
- Belching/Gas
- Dry Skin
- Liver Trouble
- Blood in Urine
- Excessive Hunger
- Nausea
- Boils

- Painting
- Nervousness
- Bruises Easily
- Fatigue
- Overweight
- Chest Pain
- Fever
- Pain in Abdomen
- Chills
- Frequent Urination
- Painful Uration
- Chronic Cough

- Gall Bladder Trouble
- Parasites
- Constipation
- Headaches
- Poor Appetite
- Depression
- Insomnia
- Rashes
- Diarrhea
- Itching
- Sweating

- Have you ever been diagnosed with an infectious disease? (HIV/AIDS, Hepatitis A, B, or C, etc.)

Explain: __________________________________________________________________________

Are you currently taking laxatives? Yes [ ] No [ ] How often? ______(times per week)

What is your primary health goal or concern at this time? ___________________________________
Colon Hydrotherapy

Acknowledgement & Informed Consent

I, the undersigned, confirm I have discussed all contraindications on this form as they may apply to me with the therapist, related to the use of Colon Hydrotherapy also known as Colon Irrigation or Colonics. I acknowledge Atlanta Colonic & Massage (ACM) personnel, including Colon Hydrotherapists, are not physicians and cannot diagnose, treat, prescribe or perform any invasive procedures including rectal tube insertion. I am aware that possible adverse events such as bowel perforation, bowel injury and illness have been alleged and claimed as a result use of colon irrigation and enema type devices. As such, I am responsible for my own rectal tube self-insertion. If during a session I experience any discomfort or pain, I am responsible for immediately stopping the session and notifying the therapist.

I, the undersigned, agree that Colon Hydrotherapy is not a proven method, cure, or treatment of any medical condition, disease or illness, nor has it been portrayed to me as such by ACM. I fully understand Colon Hydrotherapy is not a substitute for any medical treatment. Atlanta Colonic and Massage does not claim to treat or cure any condition, illness or disease.

The Colon Hydrotherapy equipment utilized in this facility is a FDA Registered Class II gravity device. I understand I will insert my own rectal tube and will be in full control of the procedure at all times. The facility I have chosen to visit operates under existing state & federal laws at the time I sign this waiver of consent and that that those laws may change. Neither I, nor my family, nor my representative(s) will hold the equipment manufacturer, facility or their employees responsible for my personal choice to receive Colon Hydrotherapy, nor hold them liable for any changes or variations of the law after my dated signature below.

If you are currently taking any medication for any condition, either prescription or non-prescription or if you have ever been diagnosed with any intestinal condition or have taken any medication that can weaken the intestinal walls you should consult a physician before using colon irrigation and enema type devices. If you are unsure of the side effects of any drugs you are using, you should consult a licensed health care provider.

By my signature below, I attest that all contraindications/adverse conditions have been fully explained and discussed with me. I certify that none of contraindications/adverse conditions applies to me. I certify and affirm that I have listed all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist’s part should I fail to do so.

I have read, understand and agree to Atlanta Colonic & Massage’s appointment cancellation/rescheduling policy.

Client Printed Name: ____________________________________________  Last  First  MI

Client Signature: ____________________________________________  (for clients under age of 18, signature of parent/legal guardian required)  Date