

# Affordable Health Solutions

## Colon Hydrotherapy Client Information



Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phones: - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (please write clearly): \_\_\_\_\_

Occupation: \_\_\_\_\_ **How did you find out about us?** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you had a colonic before? \_\_\_\_\_ If so, when? \_\_\_\_\_

How many times a day or week do you have a bowel movement? \_\_\_\_\_

Have you ever been treated for pathology of the colon? \_\_\_\_\_

When have you observed blood in your stool? \_\_\_\_\_ Have you ever observed mucus in your stool? \_\_\_\_\_

Do you experience diarrhea or constipation? Please describe: \_\_\_\_\_

Do you have any immune disorders? HIV+ \_\_\_\_\_ AIDS \_\_\_\_\_ Other \_\_\_\_\_

Do you have family history of colon problems? \_\_\_\_\_ Please describe: \_\_\_\_\_

How do you feel today? \_\_\_\_\_

Please describe any surgery: \_\_\_\_\_

List all medications and Prescribing Doctors: \_\_\_\_\_

\_\_\_\_\_

Do you have high blood pressure? \_\_\_\_\_ Low blood pressure? \_\_\_\_\_

What symptoms would you like to improve? \_\_\_\_\_

Please list the foods you've eaten in the past 24 hours: Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Other: \_\_\_\_\_

Is this your typical diet? \_\_\_\_\_ What snacks & food do you crave? \_\_\_\_\_

Do you eat late at night? \_\_\_\_\_ Describe: \_\_\_\_\_

Is your diet high in fiber or bulk? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you take Laxatives? \_\_\_\_\_ What types? \_\_\_\_\_

Do you take any dietary supplements or herbs? Please describe (pills, liquid extract, tea, brand name): \_\_\_\_\_

\_\_\_\_\_

Do you desire nutritional and herbal guidance or support? \_\_\_\_\_

When was the last time you took antibiotics? \_\_\_\_\_

Please check all of the following that you've had in the past week: \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol

\_\_\_\_\_ Soda \_\_\_\_\_ Black Tea \_\_\_\_\_ Sugar \_\_\_\_\_ Tobacco

Do you sleep well? \_\_\_\_\_ How many hours nightly? \_\_\_\_\_

What are the stresses in your life? \_\_\_\_\_

What activities help with stress reduction? \_\_\_\_\_

How often do you do these activities? \_\_\_\_\_

Prioritize the following list (#1-5) as they are:

\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice

As you would like them to be:

\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice

What are you hoping to attain from your Colon Hydrotherapy sessions? \_\_\_\_\_

\_\_\_\_\_

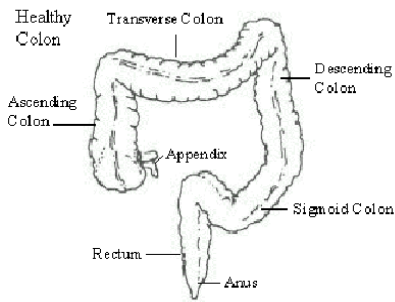
# Colon Hydrotherapy Client Information (cont.)

Please mark Yes or No for the following conditions. If it was a health concern in your past, mark 'P' and the year.

Are you pregnant? _____	If so, how many months? _____
Ever had a Sigmoid or Colonoscopy? _____	If so, when? _____
Who was your doctor? _____	Do you have diabetes? _____
Acute Fecal Impaction _____	Parasitic Infections _____
Irritable Bowel Syndrome _____	Constipation _____
Colitis _____	Mucous Colitis _____
Diverticulosis (Pocket Outward Pouching) _____	*Diverticulitis (Infected Pocket) _____
Hyper / Hypothermia _____	Kidney Insufficiency or Failure _____
*Crohn's Disease _____	*Ulcerative Colitis _____
*Severe Bleeding Hemorrhoids _____	*Acute Fistula _____
*Rectal Fissure _____	Intestinal Ulcers _____
Bleeding Colitis _____	*Aneurysm _____
*Gastro-Intestinal Hemorrhage or Perforation _____	Recent Abdominal Liposuction _____
*Recent Colon or Rectal Surgery _____	Other Recent Surgery _____
*Abdominal Radiation _____	Acute Inflammatory Pathology of the Colon _____
*Congestive Heart Failure _____	*Cirrhosis of the Liver _____
Hypertension _____	*Is it controlled? _____

If yes, what was your last blood pressure reading? \_\_\_\_\_

Please shade in any areas that are a current or past concern on the below diagram:



**Who would NOT be a candidate for colon hydrotherapy treatments?** If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor. If you are diagnosed with diverticulitis, ulcerative colitis, Crohn's disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, blood clots, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have a hiatal or abdominal hernia, have had recent colon cancer or colon surgery or renal insufficiency then you would **NOT** be a candidate for colon hydrotherapy treatments. Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy and under the direct supervision and advice from their physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

**- DISCLAIMER -** Every therapy, service, and product described or presented at Affordable Health Solutions is not a cure for any disease, ailment, or health condition. No medical claims are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.

*I agree that the above information is accurate to the best of my knowledge. I give Affordable Health Solutions permission to evaluate (not diagnose, treat or prescribe) and provide colon hydrotherapy and other holistic alternative modalities. I am aware of and do not have contraindications. I understand the contraindications for colon hydrotherapy and I hereby agree that I am responsible for my health and the services received here. I am aware of my 9<sup>th</sup> Amendment Rights to practice alternative health modalities.*

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_