



colon hydrotherapy history

Date ___/___/___

Name _____ Date of Birth _____

Address _____ Age _____ Height _____ Weight _____

City, State, Zip _____ Sex M F

Email Address _____

Home Phone _____ Work/Cell Phone _____ Occupation _____

How did you hear about Natural Flow? _____

Why have you chosen to have colon hydrotherapy? _____

- Doctor recommended/prescription Personal Choice Other

**Contraindications

Have you ever been diagnosed with any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Abdominal Hernia | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Recent Abdominal Surgery | <input type="checkbox"/> Fissures and Fistulas |
| <input type="checkbox"/> Acute Liver Failure | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Aneurysm - All Types | <input type="checkbox"/> Hemorrhaging |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Rectal/Colon Surgery (recent) |
| <input type="checkbox"/> Carcinoma of the Colon | <input type="checkbox"/> Currently Pregnant |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Chemotherapy/Radiation |

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> BM Painful/Difficult | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Bladder Infection | <input type="checkbox"/> Rectal Bleeding |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Recent Barium Enema |
| <input type="checkbox"/> Burning/Itching Anus | <input type="checkbox"/> Recent Colonoscopy |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Strain |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Use Laxatives |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Vomiting |

How often do you have bowel movements?

Have you ever had a colon hydrotherapy session? Y N

Are you under a doctor's care? Explain

**Colon Hydrotherapy may not be received if you've had
a colonoscopy in the past 90 days!**

I have not been diagnosed with any contraindications for colonic irrigation (see above.**)

I am aware that the colon hydrotherapists are not physicians or nurses and therefore they cannot diagnose, prescribe, or treat. The client must insert the rectal tube. I am aware that adverse events such as perforation; injury and illness have been allegedly and claimed with the use of colon irrigation and enema devices. If during my self-insertion of the sterile rectal tube there is a resistance, or if I experience discomfort or pain, I am responsible for stopping my session and immediately notifying the therapist. This facility does not claim to treat any condition or disease.

Client's Signature _____

Date ___/___/20___

(Client 18 and under require signature of parent or guardian)