Spring Wellness
Colon Hydrotherapy Intake Form

924 NE Lowry Ave, Minneapolis, MN 55418 (612)-978-8898

Origination Date: Review Date:

This form is completely confidential.
Please complete this form before your colon hydrotherapy session.

Name: _____ Date of birth: _____

Address: _____

Phone: _____

Email Address: _____

Height _____ Weight: _____ Sex: Male ☐ Female ☐

Occupation: _____

Emergency Contact Information: _____

Relationship: _____ Phone 1: _____ Phone 2: _____

Physician: _____ Phone: _____

Are you currently under a doctor's care? ☐ Yes ☐ No (If YES, explain below)

Clinic name: _____

_____

Date of last complete Physical Exam: Results:

_____

_____

Is your Physician aware of you receiving colon hydro-therapy? ☐ Yes ☐ No

Have you ever had colon hydro-therapy? ☐ Yes ☐ No (If YES, explain where and when below)

_____

_____

How did you learn of our services? _____

Please state your reasons for and expectations from receiving colon hydro-therapy:

_____

_____

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Please list all current medication (prescription or over the counter) and supplements (herbs, vitamins)

Please list known allergies (include food, drugs, environmental, chemical and etc.) and the reactions from them

Please list the type and year of all surgeries and major illnesses:

Contraindications for colon hydrotherapy
(Please check all that apply)

	Anal fissure / fistula		Anemia (severe)
	Aneurysm		Cardiac disease
	Cirrhosis		Colonoscopy
	Colon cancer /surgery		Colostomy
	Crohn's disease		Diverticulosis /diverticulitis
	GI hemorrhage / perforation		Hemorrhoid (severe)
	Hernia		Kidney / liver disease
	Pregnancy		Rectal bleeding
	Surgeries (recent)		Tumor in rectum /intestines
	Ulcerative colitis		Subject to frequent seizures

Please sign below confirming that you do not have any of the above contraindications.

Client signature:

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Yes No

☐ ☐ Do you suffer from constipation?

☐ ☐ Do you suffer from diarrhea?

☐ ☐ Do you suffer from alternating periods of constipation and diarrhea?

☐ ☐ Do you suffer from hemorrhoids? (circle all that apply) Internal/ External / Both – Mild / Moderate / Severe

☐ ☐ Have you ever had hemorrhoids surgically corrected? When? _____

☐ ☐ Do you take laxatives? What type? _____ How often? _____

☐ ☐ Do you take diuretics? What type? _____ How often? _____

☐ ☐ Do you take fiber? What type? _____ How often? _____

☐ ☐ Do you take stool softeners? What type? _____ How often? _____

How often do you have a bowel movement? _____

Daily habits	**Heavy**	**Moderate**	**Light**
Alcohol			
Coffee			
Tobacco			
Drugs			
Exercise			
Appetite			
Sleep			
Stress			

Colon hydro-therapy is a process, not a quick cure. Multiple sessions combined with good eating habits and regular exercise is necessary to achieve optimum results.

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Client Consent Form

I had reviewed Spring Wellness's intake form. I declared the information I have disclosed herein to be true and accurate. I agree and understand the information presented to me.

I am aware that the colon hydro therapist is not a physician and therefore does not diagnose or prescribe. This facility does not claim to cure or treat any condition or disease. I am aware adverse events such as perforation, injury and illness have been alleged and claim with the use of colon irrigation and enema devices. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session. For receiving colon hydrotherapy instructions and sessions at Spring Wellness, I release and forever discharge therapist and all other associated of Spring Wellness from any and all responsibility or liability arising from these procedures and demonstrations.

I realize and acknowledge that the instructions, recommendations and services given are not medical treatment or prescriptions. Any changes or additions in my diet, exercise, or supplementation are of my own choosing. I have been instructed and understand to consult my physician before entering into any lifestyle changes. This form has been fully explained to me and I certify I understand its contents.

Cancellation Policy: As a courtesy to other clients and therapists, appointments must be cancelled 24 hours in advance. You are charged in full for all scheduled appointments. No-shows will be charged in full.

What if I arrive late? Arriving to your appointment late will simply limit the time for your session. Your session will end on time so that the next client will not be delayed. If you arrive late it is up to you whether you prefer to receive a shortened session or pay for the appointment and reschedule.

_____
(Print Name)

_____ _____
(Signature) (Date)