

Ashland Colon Hydrotherapy Center, LLC
Client Questionnaire
541.201.0500
Ashland, Ore
ashlandcolontherapy@yahoo
ashlandcolonhydrotherapy.com

Full Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

May I send you offers/news via email? (I will not share your info) Yes ___ No ___

Have you had a colonic before? _____ If YES, How Many? _____ When? _____

What is your reason for colonics? _____

Occupation _____ DOB _____ # of Children _____

Diet and Lifestyle

How many ounces of water do you drink in a day? _____

Is it purified, spring, tap, or distilled? (Indicate which) _____

What percentage of your food is organic? _____

How many servings of the following do you eat in a day/week (D/W)?

Fruit _____ Vegetables _____ Dairy _____ Red Meat _____

Poultry _____ Fish _____ Eggs _____ Grains _____ Legumes _____

Sugar (processed or natural) _____ Caffeine _____ Alcohol _____

Artificial Sweeteners _____ White Flour (bread, pastries, etc.) _____

Recreational Drugs _____ Tobacco _____

What is your stress level? 1-10 (10 being highest) _____

Do you exercise regularly? _____ How often? _____

What type? _____

Health Conditions

Are you taking any supplements?

Please list _____

Are you taking medications? Prescription or over-the-counter?

Please list _____

Have you taken antibiotics? _____ How long ago? _____

Any problems with hemorrhoids, abdominal pain, diarrhea, gas, constipation?

Please list all that apply _____

Food allergies or food restrictions? _____

Diagnosed health conditions _____

Do you have, or are a carrier of, an infectious disease, including STD's? _____

If so, what?

How many bowel movements do you have in a day? _____

Please describe size, shape and color _____

Do you have, or have you had any of the following conditions? If in the past, how long ago?

Cancer of the colon or GI tract	Y/N	Vascular aneurysm	Y/N
Acute abdominal pain	Y/N	General debilitation	Y/N
Recent GI bleeding	Y/N	Renal insufficiency	Y/N
Congestive heart failure	Y/N	Epilepsy or psychoses	Y/N
Uncontrolled hypertension	Y/N	Cirrhosis	Y/N
History of seizures	Y/N	Carcinoma of the rectum	Y/N
Diverticulitis	Y/N	Severe hemorrhoids	Y/N
Abdominal surgery	Y/N	Intestinal perforation	Y/N
Recent heart attack	Y/N	Fissure or fistula	Y/N

Are you pregnant? _____

List any operations and dates _____

Please circle if you have any of the following:

Lack of energy, feeling drained

Headaches

Depression

Numbness

Aches and pains

Loss of memory/concentration

Vaginal disorder

Cravings for sugar or breads

Anxiety, worry, nervousness

Swelling of the legs

Skin problems (rashes, acne)

Bad breath, coated tongue

Irritability

Indigestion, heartburn

Menstrual problems

Insomnia

Rectal itching

Rectal bleeding

Referred By:

Colon Hydrotherapy Informed Consent

Colonic is intended to clean the colon by removing the build up in the large intestines. The colon is filled and emptied with filtered water either cold or warm. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure.

I understand that either the colon hydrotherapy technician or I will insert a tube into my colon, and agree that I will witness the technician using sterile and new instruments. Following the procedure I will witness the proper disposal of the nozzle that was used.

By initialing the boxes below, I acknowledge and agree to each.

The possible side effects of Colon Hydrotherapy include but are not limited to the following:

Perforation of the colon, the risk of which increases with age. ____

Allergic reaction to nozzle. ____

Electrolyte imbalance. In order to lessen the risk of this complication I agree to use an electrolyte and probiotic supplement after procedure. ____

I understand that Colon Hydrotherapy should be avoided by people suffering from diverticulitis, Crohn's disease, ulcerative colitis and severe tumors or hemorrhoids in the rectum. It should also be avoided soon after bowel surgery. ____

People suffering from kidney or heart problems should avoid regular colon hydrotherapy. ____

People suffering from bowel, anal, or rectal pathologies should avoid colon hydrotherapy because the pathology may contribute to the risk of bowel perforation. ____

I am not under the age of 18. ____

I confirm I am not a woman who is pregnant or nursing. ____

I acknowledge this list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any procedure. ____

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees. ____

I hereby give permission to Sarah West or person performing the colonic to provide colonic services and I release the person performing the colonic, Ashland Colon Hydrotherapy LLC, from any and all liability resulting from services provided. I understand that all information will be held in confidence. I

also understand that it is not the intent of Ashland Colon Hydrotherapy LLC, Sarah West, or person providing colonic to treat, diagnose or prescribe for any condition or disease that the client (the undersigned) may have and that it is not a replacement for the client's regular medical attention by their physician. Initial here if you understand and agree. __

I also understand that any and all information shared from the colon hydrotherapist is for educational purposes only and should not be understood as medical advice. I also understand that I will seek attention from a licensed medical practitioner before changing my diet, lifestyle, exercise or supplementation program. _____

I understand that Ashland Colon Hydrotherapy is a Limited Liability Corporation, and that any and all procedures I receive are from Ashland Colon Hydrotherapy, LLC and not Sarah West as an individual.

There will be a fee of \$60 for any missed or canceled sessions within 24 hours of appointment. By initialing you agree to pay this fee in full _____

By signing below, I acknowledge that I have read and clearly understand the foregoing informed consent and agree to the associated risks with Colon Hydrotherapy. I hereby give consent for this procedure and release the doctor, person performing the colonic and the facility and any and all liability associated with this and all subsequent treatments with the above understood.

Client Signature _____ Date _____