



Name _____ Date _____

Address _____ City _____ State _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Occupation _____ Place of Employment _____

Height _____ Weight _____ Birth Date _____ Age _____

Number of Children _____ Marital Status _____

Emergency Contact Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cell) _____

How did you hear about Living Waters? _____

HEALTH CONDITIONS

The following are contraindications that require you have a prescription from a licensed physician before a session at Living Waters for colon hydrotherapy. Please circle any items that apply to you.

- Abdominal Hernia
- Abdominal Surgery
- Abnormal Distention
- Acute Liver Failure
- Anemia
- Aneurysm all types
- Carcinoma of Colon
- Cardiac Condition
- Colitis
- Colon Surgery
- Crohn's Disease
- Dialysis
- Diverticulitis
- Fissures & Fistulas
- Hemorrhaging
- Hemorrhoidectomy
- Intestinal Perforations
- Lupus
- Rectal/ Colon Surgery
- Renal Insufficiency
- Currently on medications that may weaken the intestinal wall

COLON HISTORY

Have you ever had colon hydrotherapy? _____ If so, how many? _____

How often? _____ Over what period of time? _____ Where? _____

How long since your last colonic? _____ How many bowel movements a day? _____

Do you use a stool softener or (herbal) laxative? Y N

How would you best describe your movements? Straining With ease Discomfort

Describe the cause, type, onset and frequency of your discomfort as well as any activity, which aggravates or brings you relief from the condition. (Example: dull, sharp, off and on, when standing, sitting driving, etc.)

What is your intention for your colonic appointment today?

MEDICAL HISTORY

What is your blood type? _____

List all known allergies:

List all medications and/ or supplements you now take regularly (including over the counter):

Are you under a Doctor's care? If so, please explain _____

Doctor _____ Phone Number _____

Major Physical Complaints: _____

Are you pregnant? Y N If so, what trimester? _____

Have you ever had any surgeries? Y N Have you ever had a barium enema? Y N

Have you ever had any accidents? Y N Have you ever had a sigmoidoscopy? Y N

Have you ever had any broken bones? Y N Have you ever had a colonoscopy? Y N

Please explain & give an onset date if you answered yes to any of the above questions.

DAILY ROUTINE

How would you rate your daily stress level (**L**-ight, **M**-oderate, **H**-eavy) at:

Work _____ Home _____

How often & what kind of exercise do you get in a week? _____

What do you do for recreation & relaxation? _____

DIETARY HABITS

Where do you eat most of your meals? Home ____% Restaurant ____% Otherwise ____%

How many glasses of water do you drink a day?

Cup ____ Pint ____ Quart ____ ½ Gallon ____ Gallon ____
(8 oz) (16oz) (32 oz) (64 oz) (128 oz)

How often do you use the following each week? (**L**-ight, **M**-oderate, **H**-eavy)

Coffee ____ Tea ____ Soda ____ Alcohol ____ Tobacco ____ Sugar ____ Salt ____ Spices ____ Ice Cream ____

Chocolate ____ Eggs ____ Milk ____ Butter ____ Cheese ____ Beef ____ Pork ____ Poultry ____ Seafood ____

Potato ____ Tofu ____ Tempeh ____ Wheat ____ Oats ____ Rice ____ Corn ____ Soy ____ Other grains ____

Beans ____ Salads ____ Sprouts ____ Vegetables: (Fresh ____ Canned ____ Frozen ____)

Fruits: (Fresh ____ Canned ____ Frozen ____)

RELEASE WAIVER

(Please Initial each paragraph below)

_____ I understand and agree that Colon Hydrotherapy services provided by this certified hydrotherapist are provided pursuant to and in accordance with the laws of the State of California governing Colon Hydrotherapy and that full and complete medical history disclosure is essential in providing such therapy. I agree to hold harmless, release and indemnify this Certified Hydrotherapist with all relevant information necessary for the proper application of Colon Hydrotherapy and I expressly give my permission for this Colon Hydrotherapist to provide such therapy.

_____ I, for myself assigns, personal representatives, and next of kin of myself release Living Waters, their officers, employees, from any liability for any injury, disability, or death of the of the minor or myself, loss or damage to property arising out of the participation of obtaining service for any adverse side effects associated with receiving the hydrotherapy service to the fullest extent permitted by law.

_____ I HEREBY ASSUME ALL RISKS OF INJURY AND OTHER CARE RELATED TO, KNOWN AND UNKNOWN, TO PARTICIPATION IN THE PROGRAM AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION.

_____ **I also recognize that failure to give 24 hours notice of cancellation will result in being billed for the service.**

Signature _____

Date _____

If you are a Federal, State, or Local Agent, upon entering these premises, you must declare same or under the Bivens Act-Article-42, be held personally and individually responsible.

Colon hydrotherapy is an effective method to cleanse your large intestine (colon). Your therapist does not prescribe medication or diagnose any disease. It is your responsibility to provide pertinent health information and to provide the therapist with any changes. The office will provide a bill/ form to assist you in the collection from your insurance company, however, services rendered are payable at the time of service unless special arrangements have been made.