Consent Form - Personal History Form

NAME:_____DATE:_____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____ Cell # _____

BIRTHDATE _____ AGE _____ MARITAL STATUS _____ SEX_____

OCCUPATION_____ REFERRED BY_____

REASON FOR VISIT:_____EMAIL:_____

HOW DID YOU HEAR ABOUT US? _____

Please "X" all symptoms, which you now have or have had in the past year.
Be as thorough as possible. YOUR HEALTH HISTORY IS CONFIDENTIAL.

None of the information provided on this form is used in any way to diagnose or treat any condition. This information is gathered for research purposes only and in no way reflects that colon cleansing enemas will treat or cure any of these symptoms or conditions.

General Symptoms

_____ Allergy
_____ Chills
_____ Depression
_____ Dizziness
_____ Fainting
_____ Fever
_____ Forgetfulness
_____ Headache
_____ Loss of Weight
_____ Nervousness
_____ Overweight

_____ Sweats

Gastro-Intestinal

_____ Abdomen Distension

_____ Belching or gas
_____ Irritable Bowel
_____ Bloody stools
_____ Colon trouble
_____ Constipation
_____ Diarrhea
_____ Difficult digestion
_____ Excessive hunger
_____ Gallbladder
_____ Hemorrhoids
_____ Hernia
_____ Intestinal worms
_____ Jaundice Piles
_____ Liver trouble
_____ Poor appetite
_____ Rectal bleeding

Eyes, Ears, Nose Throat

____ Failing vision
____ Near-sighted
____ Far-sighted
____ Crossed eyes
____ Eye pain
____ Deafness
Earache
____ Nausea/Vomiting
____ Vomiting of blood
____ Ear noises
____ Ear discharge

____ Nose bleeds
____ Nasal obstruction
____ Nasal drainage
____ Sore throat

____ Swollen tonsils
____ Hoarseness
____ Sinus infection
____ Hay fever
____ Asthma
____ Enlarged lymph glands
____ Enlarged thyroid
____ Colds
____ Dental decay
____ Gum trouble

Respiratory

____ Chronic cough
____ Spitting up phlegm
____ Spitting up blood
____ Difficulty breathing

Cardiovascular

____ Rapid heart beat
____ Pain over heart
____ Slow beating heart
____ High blood pressure
____ Low blood pressure
____ Stroke/heart attack

____ Swelling of ankles
____ Poor circulation

Muscles/Bones/Joints

Pain, Weakness,
____ Numbness In:
____ Abdomen
____ Back
____ Elbows
____ Hands
____ Knees
____ Shoulders
____ Other
____ Spinal curvature
____ Arms
____ Feet
____ Legs
____ Chest
____ Hips

Genito Urinary

____ Bladder trouble
____ Blood/pus in urine
____ Control of urine
____ Frequent urination
____ Kidney trouble
____ Penile sores
____ Painful urination
____ Prostate trouble

For Women Only

____ Cramps or backache
Excessive menstrual
____ flow
____ Hot flashes
____ Irregular cycle
____ Lumps in breasts
Menopausal
____ symptoms
____ Miscarriage
____ #
____ Painful menstruation
____ Vaginal discharge

Skin

____ Acne
____ Boils
____ Bruises easily
____ Dryness
____ Hives
____ Itching
____ Sensitive skin
____ Varicose veins

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Please CIRCLE all that apply:

AIDS	Diabetes	Colitis	Whooping cough	Venereal infection
Alcoholism	Diphtheria	Liver problems	Nervous breakdown	Rheumatic fever
Anemia	Eczema	Lupus	Pacemaker	Scarlet Fever
Anorexia	Emphysema	Mental disorders	Pleurisy	Smallpox
Appendicitis	Epilepsy	Measles	Pneumonia	Stroke
Arthritis	Fever Blisters	Malaria	Polio	Suicide attempt
Arteriosclerosis	Flu	Migraines	Prostate	Thyroid problems
Asthma	Glaucoma	Miscarriage	Psychiatric Care	Tonsillitis
Bleeding disorders	Goiter	Mononucleosis	Hernia	Tuberculosis
Bronchitis	Gonorrhea	Multiple sclerosis	Herpes	Typhoid fever
Bulimia	Gout	Mumps	High Cholesterol	Ulcers
Cancer	Heart problems	Chemical dependency	HIV positive	Other _____
Cataracts	Hepatitis	Chickenpox	Kidney problems	_____

The Following is a list of contraindications for using this procedure. If you have ever been diagnosed with ANY of these conditions, a doctor's prescriptive release will be required to use this procedure.

Abdominal Hernia	Aneurysm	Fissures	Hemorrhoid surgery	Renal insufficiencies
Acute Liver failure	Carcinoma	Fistulas	Diverticulosis	
Abdominal distension	Crohn's Disease	Lupus	Pregnant (currently)	
Abdominal Surgery	Colitis	Anemia (severe)	Intestinal perforation	
Cardiac conditions	Dialysis patient	Hemorrhaging	Digestive problem history	

I, _____ , have read the above contraindications for colon cleansing enemas and by my signature below I testify that I DO NOT have ANY of the above Conditions. I am also aware that the use of colon cleansing enemas is by my own personal choice and that the technician is not a medical doctor nor portrays themselves as such. Colon cleansing enemas have not been clinically tested to provide ANY medical benefits. This facility does not claim that colon cleansing will cure or treat any condition or disease. This procedure is used solely for the purpose of evacuating the lower bowel. I am aware that adverse events such as perforation, injury, illness, and death have been alleged and claimed with the use of colon cleansing and enema devices.

_____ _____

(Signature of Client) (Date)

_____

(Print Name)

If you are currently taking any medications for any condition prescription or not, you may want to check with your doctor before using any colon cleansing service. If you have ever been diagnosed with any intestinal condition or have taken any medications that can weaken the intestinal walls, you should check with your Primary Health Care Provider before colon cleansing. If you are not sure of the side effects of the drugs you are using, you can check on the internet or with your local pharmacist or doctor.

Although we recommend colon hydrotherapy for your health and wellness, please, if you are currently experiencing any serious cold or flu-like symptoms, please wait until you are healthy to book your appointment.