

Colon Hydrotherapy: Confidential Health History Form

Please **PRINT** and **ANSWER ALL** questions.

Date ____/____/20____

Full Name (First, Middle Initial, and Last) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ (H) _____ (W) _____

Occupation _____ Place of Employment _____

Height _____ Weight _____ DOB _____ Age _____ SSN# _____

Are you under the care of a physician? _____ If so, name? _____

How did you hear about us? -----

May we notify you of our specials by email: _____

CONTRAINDICATIONS Have you ever been diagnosed or experienced any of the following conditions? DATE all that apply.	
<input type="checkbox"/> Abdominal Hernia <input type="checkbox"/> Abdominal Surgery <input type="checkbox"/> Abdominal Distension <input type="checkbox"/> Acute Liver Failure <input type="checkbox"/> Anemia <input type="checkbox"/> Aneurysm – Any Type <input type="checkbox"/> Cancer-Type _____ <input type="checkbox"/> Cardiac Condition <input type="checkbox"/> Chrohn’s Disease <input type="checkbox"/> Colitis <input type="checkbox"/> Dialysis Patient <input type="checkbox"/> Diverticulitis/Diverticulosis	<input type="checkbox"/> Fissures/Fistulas <input type="checkbox"/> Hemorrhaging <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Intestinal Perforations <input type="checkbox"/> Lupus <input type="checkbox"/> Pregnancy – Due: _____ <input type="checkbox"/> Rectal/Colon Surgery <input type="checkbox"/> Renal Insufficiencies <input type="checkbox"/> Taking Medication that may weaken intestinal walls?

- Allergic to Latex**
- Bladder Infection**
- Bloating**
- BM Painful/Difficult**
- Burning/Itching of Anus**
- Constipation/Diarrhea**
- High Blood Pressure**
- Infectious Disease**
- Hemorrhoids (Int or Ext)**
- Rectal Bleeding/Blood in Stool**
- Recent Colonoscopy**
- Use Laxatives**
- Vomiting**
- Date of Last Menstrual**
- Parasites/Worms**
- Other: _____**

(ICE) In Case of Emergency Contact: _____ **Phone:** _____

I have not been diagnosed with any contraindications for colon irrigation. I am aware that this colon irrigation and enema device facility does not have a Licensed Medical Director on site. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. Should I experience resistance during nozzle insertion, I will immediately stop my session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session. I am aware that Trained Therapists do not insert, diagnose, prescribe and do not cure or treat any condition or disease.

CLIENT SIGNATURE **X** _____ Date ____/____/____

(For clients 18 or under, the signature & attendance of the parent/guardian for insertion is required)

I have reviewed this form with my client. Therapist Signature **X** _____

Have you recently taken any of the following? (Please circle.) Aspirin, Aleve, Advil, Ibuprofen, Naproxen, Celebrex, Dolobid, Orudis, Relafen, Feldene, Voltaren, Indocin, Clinoril, Tolectin, Lodine, Toradol, Daypro, Prednisone, Methotrexate, Warfarin, Digoxin, Carvedilol, Coreg, Atorvastatin, or other statin to lower cholesterol such as Lipitor, Zocor, Lescol, Mevacor, Pravachol, Plavix, Furosemide or any other diuretic. Please list any other medications: _____

Notes: _____

ATTENTION: All prepaid discounted colonic sessions are to be used within three (3) months of purchase. No show appointments are counted as a used session without a 24 hour cancellation. Health History forms should be updated after twelve (12) sessions or every year. No refunds! Non-transferable!

CLIENT SIGNATURE **X** _____

(For clients 18 or under, the signature & attendance of the parent/guardian for insertion is required.)

Possible Side Effects: Increased Energy, Nausea, Vomiting, Cramping, Light Headedness, Excessive Gas, Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, or Hemorrhoids (which may be irritated, inflamed, or bleed). **Precautions:** Over-hydration (May occur when multiple colonic sessions are done during a short period of time.). Perforation of Rectum/Colon, Irritation/Inflammation/Allergic Reactions of the rectum due to lubricant, water temperature, other issues when colonic equipment is improperly used, not maintained properly or operated by untrained Therapists.

First Session Evaluation: YES/NO

Did Therapist review Health History and inquire about any health issues? _____

Was the device, area, room, and restroom clean? _____

Were you covered and comfortable? _____

Were your results satisfactory? _____

Will you recommend us to family/friends? _____

Did you have any problems/discomfort during session? _____

If so, please explain:

How do you feel?

CLIENT SIGNATURE **X** _____

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