



Date: _____

Name: _____

M ___ **F** ___ **Birthdate** ___/___/___ **Height** _____ **Weight** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone (____) _____ **Work** (____) _____

Home (____) _____

Please indicate which phone number you prefer for contact information (X)

E-mail Address _____

Occupation: _____

Referred by _____

Emergency Contact _____

Colon Hydrotherapy and Digestive Information:

When was your last bowel movement _____

Frequency: ___ **Daily** ___ **1-2 times/week** ___ **Must strain.** **What type of bowel movement best describes your current type below?**

Bristol Stool Chart

Type 1	 Separate hard lumps, like nuts (hard to pass)	•	0 Wipes, the perfect poop	•
Type 2	 Sausage-shaped but lumpy	•	1 -3 Wipes, just enough, no more	•
Type 3	 Like a sausage but with cracks on its surface	•	4 or 5 Wipes, a little much	•
Type 4	 Like a sausage or snake, smooth and soft	•	6 - 7 Wipes, excessive wiping	•
Type 5	 Soft blobs with clear-cut edges, (passed easily)	•	8 or 9 Wipes, will clog the toilet	•
Type 6	 Fluffy pieces with ragged edges, a mushy stool	•	10 Wipes, its on your hands	•
Type 7	 Watery, no solid pieces. Entirely Liquid	•	+ 10 Wipes, just take a shower	•

Are you in pain at this time? Y/N

Please Describe _____

Check the Digestion Issues you have experienced in the last 60 days.

Bloating Gas Hemorrhoids Constipation Colitis IBS IBD
 Diverticulosis Diarrhea Gallbladder Candida/yeast Black/Bloody Stools
 Acid Reflux Stomach Ulcer Heartburn Rectal Itching Parasitic Infection
 Abdominal Pain Tired after meals

List your main health concerns:

List all prescription medications that you are currently using include why you are taking them:

List non-prescription medications such as aspirin, laxatives, anti-acids, supplements, vitamins, minerals, herbs, homeopathic you are taking on a regular basis:

List any surgeries you have had and the dates:

Are you are currently under medical treatment? Explain the health issue and who's care you are under:

List any allergies you may have, food, environmental, etc.

Contraindications:

The following is a list of contraindications to Colon Cleansing/Hydration. Circle those that you have had at ANY time.

- | | |
|--------------------------------------|---------------------------------------------|
| Abdominal Hernia | Severe Hemorrhoids |
| Abdominal Surgery | Cardiac Disease (uncontrolled hypertension) |
| Acute Liver Failure | Cirrhosis |
| Anemia (severe) | Dialysis |
| Aneurysm | Ulcerative Colitis |
| Apendicitis | Diverticulitis |
| Carcinoma of the Colon | |
| Fistula and/or Fistula | GI Hemorrhaging |
| GI Perforation | Lupus |
| Colon/Rectal Surgery | |
| Renal Insufficiencies | Crohn's Disease |
| Are you prone to Vagal Response? Y/N | |
| Are you Pregnant? Y/N | |

Aqua Serene Wellness reserves the right to refuse to offer our services to individuals that we feel may be contraindicated to colon hydrotherapy. It is important that you understand your well-being and safety is our first concern. Clients that we feel are out of our scope of practice will not receive colon hydrotherapy services.

I have read and understand refusal of services policy and have circled any/all listed contraindications above.

I also acknowledge any information I receive from Cindy Aguirre and/or staff of Aqua Serene Wellness is for educational purposes for informed decision making concerning my own health and wellness choices. I acknowledge they are NOT Medical Doctors, nor do they prescribe, treat or diagnose any illness or condition. I will not hold Aqua Serene Wellness, Cindy Aguirre, or any staff of Aqua Serene Wellness responsible for any decisions I have made concerning my own self prescription of any treatments discussed and will not hold them liable for the results of those decisions. I agree to inform Cindy Aguirre and/or Staff at Aqua Serene Wellness of any changes to my medication or health before any appointments I may have at Aqua Serene Wellness.

Client Name Printed: _____

Client Signature: _____ Date: _____

INFORMED CONSENT

COLON HYDROTHERAPY (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, mucus, harmful toxins and bacteria. The client positions himself/herself on a single-use, disposable sterile rectal nozzle and filtered and sterilized water is run slowly into the colon under control of the client. During one 40-minute session a total of approximately ten (10) gallons of water will gently flow into and out of the large intestine. By signing below, client acknowledges full instructions for use has been given. *Aqua Serene Wellness uses a gravity-fed Angel of Water colon hydrotherapy system, which allows the client as much privacy as s/he desires. The Colon Hydrotherapist is always available to be present in the room with the client during each session as per the client's expressed wishes.*

Therapist CANNOT assist client in anyway with insertion of nozzle. This is a self administered service.

Potential risks/possible complications of hydrotherapy include aggravation of symptoms existing prior to the session, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur.

By signing below I understand the risks and benefits of colon hydrotherapy. I authorize Cindy Aguirre and/or other qualified Aqua Serene Wellness Staff to administer the service of Colon Hydrotherapy. I acknowledge colon hydrotherapy is not intended to replace or be a substitute for medical care or evaluation from licensed professional medical or personal health care provider. Colon hydrotherapy is a service not a treatment and Cindy Aguirre and the Staff of Aqua Serene Wellness are not physicians and do not provide medical care, treat, diagnose, or prescribe.

We will review your intake form with you and determine if colon hydrotherapy service is appropriate for you.

I understand the purpose and potential benefits of colon hydrotherapy, and that it is an elective service. Any and all questions about colon hydrotherapy services have been answered to my satisfaction. I understand and freely accept the potential risks/possible complications of colon hydrotherapy. I voluntarily consent to this service, hereby release Cindy Aguirre, any employees, and Aqua Serene Wellness from any and all liability that may occur in connection with the colon hydrotherapy service. I understand I am free to withdraw my consent and to discontinue participation in this service at any time.

Signature of Client

Print Name _____
Date _____