



Informed Consent

Our Center informs you of the following things:

1. We **do not diagnose**.
2. We make **no attempt to cure any condition**.
3. We make **no claim or imply any claim** that suggestions are given to cure any condition.
4. We do **not claim** that any supplemental material that we speak about will cure any condition or that its purpose is to treat any condition.
5. We **do not prescribe or treat disease; however, we do attempt** to educate you on conscious food, exercise and lifestyle choices. Only you can decide if they are contradictory to the recommendations of your primary health care provider or your physician.

I, the undersigned client of this center, understand the above statements and understand that diet, nutrition and lifestyle consultations are considered inexact sciences and that the results obtained are not always consistent or predictable.

Whether or not I participate in the procedures offered by this Center is my decision based on my God-given inalienable rights and my constitutionally guaranteed rights secured by the U.S. Bill of Rights. It is my Creator-endowed Inalienable Right to ask for assistance of my own choosing and I accept full responsibility for any outcome. I understand that there is no guarantee of any result and the opposite of the desired result may appear. Whether or not I ask for assistance is my decision. All decisions relative to my health must be made by me.

I understand that all the practitioners here are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor, and I waive any liability on behalf of the practitioner.

Appointment Setting, Cancellation, and Refund Policy

Your appointment time is booked just for you.

As a professional courtesy to other clients and staff, we request a 24-hour notice if you must cancel or reschedule your appointment.

Cancellations made in less than 24 hours:

- 1) **May require a charge of 50% of services booked.**
- 2) **Package sessions are reduced to half their value**
- 3) **"No Shows" are charged 100% of services booked**

Refunds on Packages:

- 1) **Should you request any refunds on unused visits in a package, the sessions used will be charged at the prevailing single visit price and the balance will be refunded.**

I have read and understand the above Informed Consent and Appointment Setting, Cancellation and Refund Policy.

Name Printed: _____ Date: _____

Signatura _____



Personal History

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Best Contact Phone _____

Birth Date _____ Age _____ Male _____ Female _____

Please check all of the following symptoms you have had in the LAST YEAR

General Symptoms

Headache

Fever

Chills

Sweats

Fainting

Allergy

Dizziness

Convulsions

Loss of sleep

Fatigue

Nervousness/depression

Loss of weight

Overweight

Numbness in _____

Eyes, Ears, Nose, Throat

Failing vision

Near sightedness

Far sightedness

Crossed eyes

Eye pain

Deafness

Skin

Skin eruptions

Itching

Bruises easily

Dryness

Boils

Varicose veins

Sensitive Skin

Hives or allergies

Respiratory

Chronic cough

Spitting up phlegm

Spitting up blood

Chest pain

Difficult breathing

Cardio Vascular

Rapid heart beat

Slow beating heart

High blood pressure

Low blood pressure

Pain over heart

Genito-Urinary

Frequent urination

Painful urination

Blood in urine

Pus in urine

Kidney trouble

Inability to control urine

Prostate trouble

Gastro-Intestinal

Poor appetite

Excessive hunger

Difficult digestion

Belching or gas

Distention of abdomen

Nausea

Vomiting

Vomiting of blood

Pain over stomach

Pain over lower abdomen

Constipation

Diarrhea

Colon trouble

Earache	Heart attack	Bloody stools
Ear noises	Swelling of ankles	Intestinal parasites
Ear discharge	Poor circulation	Liver trouble
Nose bleeds	<u>Muscle, Bone and Joint</u>	Gall bladder trouble
Nasal obstruction	Stiff neck	Jaundice
Nasal drainage	Backache	<u>For Women Only</u>
Sore throat	Swollen joints	Painful menstrual periods
Swollen tonsils	Tremors	Excessive menstrual flow
Enlarged lymph glands	Painful tailbone	Hot flashes
Enlarged thyroid	Foot or ankle trouble	Irregular cycle
Hoarseness	<i>Pain in: shoulders, hips, legs</i>	<i>Cramps or backache</i>
Colds	<i>Knees, feet, other? _____</i>	<i>Miscarriage</i>
Sinus infection	Hernia, spinal curvature	vaginal discharge
	Faulty posture	Lumps in breast

Check any of the following conditions you now have:

Dental cavities	Diabetes	Goiter	Multiple sclerosis	Small pox
Gum trouble	Diphtheria	Gout	Nervous breakdown	Tuberculosis
Appendicitis	Eczema	Heart problems	Pneumonia	Ulcers
Arteriosclerosis	Emphysema	Malaria	Polio	Venereal infection
Arthritis	Epilepsy	Measles	Rheumatic fever	Whooping cough
Cancer	Fever blisters	Mental disorders	Mumps	Scarlet fever
Chicken pox	Colitis	Flu	Stroke	Other _____

Client signature _____



Medical Indications for Use of Colon Irrigation

Check all that apply

_____ For endoscopic or x-ray / radiological examination

_____ Constipation or fecal impaction _____

Contraindications for use of Colon Irrigation

Have you had within the last 6 months	YES	NO
• Congestive heart failure	_____	_____
• intestinal perforation	_____	_____
• carcinoma of the rectum	_____	_____
• fissures or fistula	_____	_____
• severe hemorrhoids	_____	_____
• abdominal hernia	_____	_____
• renal insufficiency	_____	_____
• recent colon or rectal surgery	_____	_____
• abdominal surgery	_____	_____
• cirrhosis of liver	_____	_____
• women – currently pregnant	_____	_____
• Diverticulitis	_____	_____
• Colitis	_____	_____

Client Signature _____

Print Name _____

Client Address _____

City _____

Client is cleared for colon irrigation as needed for a 6-month period.

_____ Date _____

Prescribing Doctor's or Practitioner's Signature