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Houston TX 77030

HC3 Wellness Center Colonic History Form

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Phone: 713 667-8600
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Please PRINT and Answer all Questions:

Date: ___/___/20___

NAME: _____ (primary ph) _____ (secondary ph) _____

EMAIL: _____ ADDRESS: _____

City _____ State _____ Zip _____

OCCUPATION: _____ How Long? _____

HEIGHT: _____ WEIGHT: _____ BIRTH DATE: _____ AGE: _____

Why have you chosen to have Colon Irrigation Session(s)? Please check (✓) all that apply:

•Reason

•Under a Medical Provider's Care? _____ •Medical Provider Name _____ •By Prescription _____

•In Pain? _____ Where? _____

• **Contraindication's:** (✓) and **Date** if ever had any of the following:

DATE

- _____ Abdominal Hernia
- _____ Abdominal Surgery
- _____ Abnormal Distension
- _____ Acute Liver Failure
- _____ Anemia
- _____ Aneurysm - All Types
- _____ Carcinoma of the Colon
- _____ Cardiac Condition
- _____ Crohns Disease
- _____ Colitis
- _____ Dialysis Patients

DATE

- _____ Diverticulosis/Diverticulitis
- _____ Fissures & Fistulas
- _____ Hemorrhaging
- _____ Hemorrhoidectomy
- _____ Intestinal Perforations
- _____ Lupus
- _____ Pregnant -(due date _____)
- _____ Rectal / Colon Surgery
- _____ Renal Insufficiencis
- _____ Taking medication's,
List Below or on back

If Any Checked - Explain: _____

- _____ Bladder Infection
- _____ Bloating
- _____ Blood in Stool
- _____ BM Painful /Difficult
- _____ Burning / Itching Anus
- _____ Constipation
- _____ Diarrhea
- _____ Infectious Disease
- _____ Hemorrhoids
- _____ Internal _____ External _____
- _____ Rectal Bleeding
- _____ Recent Barium Enema
- _____ Recent Colonoscopy
- _____ Strain
- _____ Use Laxatives
- _____ Vomiting
- _____ Date of Last Menstrual
- Other _____

I have not been diagnosed with any contraindications for colon irrigation. (See above*.)

I am aware that this colon irrigation and enema device facility has a Licensed Medical Director that is not 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 the 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 Certified Therapists do not insert, diagnose, prescribe and do not cure or treat any condition or disease.

(See Back of form for more complete list of possible side effects.)

CLIENT SIGNATURE: **X** _____ Date ___/___/

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

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

Medical Director: **X** _____ Date ___/___/

OR By Own Physician

Prescription Exp: _____

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Who would NOT be a candidate for colon hydrotherapy treatments? If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor .If you are pregnant or if you are diagnosed with diverticulitis, ulcerative colitis, Crohn’s disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, blood clots, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an hiatal or abdominal hernia, have had recent colon cancer or colon surgery or renal insufficiency then you would NOT be a candidate for colon hydrotherapy treatment unless authorized by your treating physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

- DISCLAIMER - Every therapy, service, and product described or presented at HC3 Wellness Center is not a cure for any disease, ailment, or health condition. No medical claims are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe. We are not licensed massage therapists so we require permission to touch you, if you desire, for services such as a Foot Detox Spa and possibly foot reflexology and/or an abdominal massage during your colonic.

I agree that the above information is accurate to the best of my knowledge. I give HC3 Wellness Center permission to evaluate (not diagnose, treat or prescribe) and provide colon hydrotherapy and other holistic alternative modalities. I am aware of and do not have contraindications. I have reviewed the list of the contraindications for colon hydrotherapy and I hereby agree that I am responsible for my health and the services received here. I am aware of my 9th Amendment Rights to practice alternative health modalities.

Your Signature _____ Date _____

Cancellation & Refund Policy

As a courtesy to other clients and therapists, a **\$35.00 cancellation fee is applied if not cancelled within the 24 hour window.**

No-shows will be charged in full.

Physician (RX) Fee is non-refundable and the prescriptions can only be used at HC3 Wellness Center.

Colonic sessions are non-transferable and non-refundable.

What if I arrive late? Arriving to your appointment late will simply limit the time for your session. Your session will end on time so that the next client will not be delayed. If you arrive late it is up to you whether you prefer to receive a shortened session or pay for the appointment and reschedule.

I agree to and understand the above Cancellation and Refund policy.

Printed Name: _____

Your Signature _____

Date _____