*N*atural *H*ealth *A*ssociates, *LLC*

921 East Central Avenue
Miamisburg, OH 45342

Confidential Request for Procedure

(Please answer all questions and checkmark (√) those that apply.)

DATE ____________________ Email (optional) ____

NAME ________________________ Home Tel. _______________ Work Tel. _______________

ADDRESS ________________________ CITY ______________________ STATE ____ ZIP ______

OCCUPATION ___________________________________ HOW LONG? __________

HEIGHT ________ WEIGHT _______ BIRTHDATE _________ AGE ______ Male/Female _________

Why have you chosen to have colon irrigation session(s)?:

- Reason ____
- In pain? Yes___ No ___ Where? ____
- ___ Bladder Infection ___ Bloating ___ Blood in Stool ___ BM Painful/Difficult
- ___ Burning/Itching Anus ___ Constipation ___ Diarrhea ___ Infectious Disease
- ___ Internal Hemorrhoids ___ External Hemorrhoids ___ Rectal Bleeding
- ___ Recent Barium Enema ___ Recent Colonoscopy ___ Strain at Stool ___ Use Laxatives
- ___ Vomiting __________ Date of Last Menstruation ___ Other ____________________
- ___ Other(s) ____
- Under a medical/chiropractor provider's care? Yes___ No ___
- Medical/chiropractor provider's name ____
- Colon irrigation service requested by written order Yes____ No ____
- Physician/chiropractor's written order expiration date: __________________________

*** Contraindications***

(√) and date if you ever had or been diagnosed with any of the following:

	Date		Date
___ Abdominal Hernia	_______	___ Diverticulosis	_______
___ Diverticulitis	_______	___ Fistula	_______
___ Abdominal Surgery	_______	___ Fissure	_______
___ Abnormal Distension	_______	___ Hemorrhaging	_______
___ Acute Liver Failure	_______	___ Hemorrhoidectomy	_______
___ Anemia	_______	___ Intestinal Perforations	_______
___ Aneurysm – All Types	_______	___ Lupus	_______
___ Carcinoma of the Colon	_______	___ Pregnant (Due Date)	_______
___ Cardiac Condition	_______	___ Rectal/Colon Surgery	_______
___ Crohns Disease	_______	Type	_______
___ Colitis	_______	___ Renal Insufficiencies	_______
___ Dialysis Patient	_______		

Have you taken medications that may weaken the intestinal walls? ___ Yes ___ No
Are you now taking medications that weaken the intestinal walls? ___Yes ___ No

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___ Taking medications (Please list all below.)

Comments: ____

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STATEMENT

I have not been diagnosed with any contraindications for colon irrigation. (See * above.) When requested to, I will bring with me all prescribed drugs and all natural remedies I am now or have been taking recently. If necessary, I will bring a relative or friend to assist me with wheelchair, mounting and dismounting, and such tasks as dressing, undressing, and inserting the disposable rectal tube during colon hydrotherapy sessions. I am aware that colon hydrotherapists do not claim to cure or treat any condition or disease, are not physicians and, therefore, do not insert rectal irrigation and enema devices, nor do they diagnose or prescribe drugs or issue medical orders for health services. I am aware that adverse events; such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices and that I am responsible for my own insertion. If I experience resistance during the insertion, I will immediately stop my colon irrigation session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session.**

CLIENT SIGNATURE: X ________________________________ Date: ___/___/___
(For parent-dependent clients 18 and under, the signature and attendance of the parent or guardian is required for colon hydrotherapy services. A permission form must be signed.)

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I have reviewed this form with my client. The physician/chiropractor's written order for each procedure is attached.

Therapist Signature: X ________________________________

HOLISTIC QUESTIONNAIRE FOR COLON HYDROTHERAPY

Name | Email Address

Are you under a doctor's care? ☐ Y ☐ N If so, please explain:

Doctor's Name | Phone

Major Physical Complaints

Are you pregnant? ☐ Y ☐ N If so, what trimester?

List all medications and supplements you now take regularly, including over-the-counter:

Are you under a lot of stress? ☐ Y ☐ N Pinpoint:

List all known allergies:

How many bowel movements per day do you usually have?

Do you strain to have a bowel movement? ☐ Y ☐ N

Do you use a stool softener or laxative? ☐ Y ☐ N Herbal laxative? ☐ Y ☐ N Suppository? ☐ Y ☐ N

Do you have hemorrhoids or other rectal problems? ☐ Y ☐ N

Have you ever had any rectal bleeding? ☐ Y ☐ N If so, when?

Have you ever had bleeding from any other bodily orifices (openings)? ☐ Y ☐ N

If so, please explain:

Have you ever had a barium enema? ☐ Y ☐ N If so, when?

What would you like to receive from this appointment for colon hydrotherapy?

ABSOLUTELY NO SEXUAL ACTIVITY PERMITTED!

Signature (Required) | Date

FOR OFFICE USE ONLY

Patient/Client | Date of Assessment | Consultant Signature

WELCOME TO NATURAL HEALTH ASSOCIATES, LLC.

Here is how you can help us to help you. Take a few moments to fill out completely the information below, sign your name and date on the lines indicated.

CLIENT STATEMENT

I understand that this is considered personal counseling and that I will be offered information about general guidelines to better health.

I fully understand that those who counsel me are not medical doctors or practitioners and I am not here for medical/diagnostic purposes or treatment procedures.

I am not on this visit or any subsequent visits as an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

I understand that the services performed by Natural Health Associates, LLC. are at all times restricted to consultation on the subject of the maintenance of the best possible state of health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature (Required)______________________________ Date ______________