Colonics & Lymphatic Detox Center

CLIENT INTAKE & CONSENT FORM

CLIENT INFORMATION

Name

Date of Birth

Age

Gender

Address

City, State, Zip Code

Phone

Email

HEALTH HISTORY

Are you currently under a physician's care? Yes No

Physician's Name & Phone

Do you take any medications? Yes No

Have you had surgery in the last year? Yes No

If yes, explain

CONTRAINDICATIONS

Colon hydrotherapy may NOT be suitable if you have or have had any of the following. Please check all that apply:

Severe hemorrhoids

Rectal bleeding

Crohn's disease / Ulcerative colitis

Pregnancy

Kidney disease/failure

Pacemaker or severe heart condition

Recent colon or rectal surgery

Cancer of the colon/rectum

Severe diverticulitis

Abdominal hernia

Recent chemotherapy (within last 3 months)

Other

If other, explain

CONSENT & LIABILITY RELEASE

I, the undersigned, understand that Colon Hydrotherapy is a non-medical procedure intended for detoxification and wellness support. It is not intended to diagnose, treat, or cure any disease. I acknowledge that I have disclosed all relevant medical information. I release Colonics & Lymphatic Detox Center and its staff from any liability associated with this service. I understand that results may vary, and I have the right to stop the session at any time.

PRE-SESSION INSTRUCTIONS

For the best results, please follow these guidelines:

• Do not eat heavy meals or red meat at least 2 hours before your session.

• Drink plenty of water before and after your treatment.

• Refrain from alcohol or carbonated drinks on the day of your appointment.

• Wear comfortable, loose clothing.

Client Name

Date

Practitioner Name

Date

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