Tulsa Colonics 458 S. Darlington Ave. Tulsa, OK 74112 918-812-7177

Today's Date:_____

Section 1

First Name: _____ Last Name: _____ Sex: Male / Female
Cell Phone: _____ Secondary Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Occupation: _____
Date of Birth _____/_____/ _____ Age: _____ Weight: _____
How did you hear about us? _____
Have you ever experienced a colon hydrotherapy before? Yes / No
If Yes, when and where? _____
Do you consume any of the following? (circle any that apply) Caffeinated / Carbonated Drinks / Alcohol
How much and how often? _____ How much water do you drink daily? _____
What foods do you normally consume on a daily basis?
_____

Guardian or Responsible Party Assisting: _____
Relationship: _____

Person to contact in case of emergency: _____
Relationship: _____ Phone Number: _____

Section 2

Have you had a bowel movement today? Yes / No How many bowel movements do you have per day? ___
Do you feel you have eliminated completely? Yes / No Any Comments? _____
Do you use laxatives? Yes / No If so, how often do you use them? _____
Starting Month and Year using laxatives _____/_____ Type and Dosage: _____
Are you allergic to latex? Yes / No Please list any allergies you may have:
_____
Please list all medications you are on, prescribed or non-prescribed, including, (but not limited to) steroids, blood thinners, lithium anti-depressants, etc. : _____
_____
Do you or have you ever had cancer? Yes / No Cancer type: _____
Have you had a Colonoscopy or Barium Enema? Yes / No If yes, month and year of procedure: ____/_____
Name of Gastroenterologist: _____Location: _____

Have you had any surgeries: Yes / No Please list type(s), month and year of surgeries below:
Includes: C-Section, Hysterectomy, Appendectomy, Gall Bladder, Hernia, Breast Implants/Reduction, Heart Surgery/Stent, and any others)
Type: _____Mo/Yr: _____/_____ Type: _____Mo/Yr: _____/_____
Type: _____Mo/Yr: _____/_____ Type: _____Mo/Yr: _____/_____
Type: _____Mo/Yr: _____/_____ Type: _____Mo/Yr: _____/_____

Are you pregnant? Yes / No Are you planning to become pregnant? Yes / No Are you nursing? Yes / No

Reason for today's visit: _____
Do you have any health concerns: _____

Section 3

Tulsa Colonics needs to know of any reasons why Colon Hydrotherapy may not be appropriate for you. Tulsa Colonics cannot assist you in making your own decision as to whether to engage in Colon Hydrotherapy if you do not share your health history.
PLEASE CHECK ALL POSSIBLE CONTRAINDICATIONS THAT APPLY AND LETS US KNOW IN THE SPACE PROVIDED IF THERE IS ANYTHING ELSE IN YOUR HEALTH HISTORY THAT YOU BELIEVE WE SHOULD BE AWARE OF:

	Abdominal Hernia		Crohn's Disease / Colitis		Cardiac Condition		Lupus
	Abdominal Surgery		Diverticulosis/Diverticulitis		Congestive Heart Failure		Hemorrhaging
	Abdominal Distension		Renal Insufficiency/Failure		Cirrhosis/Liver Failure		Hemorrhoids
	Rectal/Colon Surgery		Anal Fissures & Fistulas		Intestinal Perforation		Aneurysm

Comments:_____

Section 4

Below is a list of Health Conditions in general. Please check any health conditions that presently apply to you:

	Abdominal Pain		Acid Reflux		Shortness of Breath		Flu/Cold/Sinus		Fever
	Arthritis		Asthma		Numbness/Tingling		Indigestion		Heart Issues
	Constipation		Crohn's Disease		Allergies		Sweats		Parasites
	Dizziness		Epilepsy		Bladder Infection		Skin Issues		Kidney Issues
	Gall Bladder		Nausea		Depression		Anemia		Colitis
	Hepatitis		Gas / Bloating		Fatigue		Tremors		Vomiting
	Stroke		High Blood Pressure		Headaches		Migraines		Diarrhea
	Sleep Disorder		Appendix Removal		Liver Issues		Diabetes		Hernia
	Rectal Bleeding		Stomach Ulcer		Yeast Infection		Seizures		Cancer

Please list any other health conditions not listed: _____
We DO NOT diagnose, treat or prescribe. In the event that you use this information without your doctor's approval you are prescribing for yourself, in which is your constitutional right. We assume no responsibility. You assume all the risks. Please sign below stating this information on this form is accurate and complete.

Client Signature: _____Date Signed: _____

Tulsa Colonics Policies

Cancellations / Rescheduling:

- 24 Hour Notice is required!
- Failure to do so, will result in a "Late Cancellation Fee" of $50.00

No Shows:

- Failure to show up to your scheduled appointment will result in the forfeiture of the appointment and a reduction of 1 session from your package or charged $90 for missed single session.

Late Arrivals:

- All appointments begin at time you are scheduled so the next client is not delayed.
- If late is inevitable, your service will be shortened in order to stay on schedule or you will need to reschedule for another day.

Packages and Individual Pre-paid Sessions:

- Pre-paid Single Sessions and Packages expire 6 months from purchased date.

Refunds:

- Pre-paid Single Session - 24 hours from purchase date.

Packages - 2 weeks from purchased date:

- Each Session used in a package will equal the value of a single session ($90.00)
- Refunds are issued by deducting the rate of each used treatment from the rate of the package.

Supplements:

- Are non-refundable.

Signature

_____ Date: _____

[Client Signature and date of signing]