



Confidential Intake Form

Today's Date: _____ Referred By: _____

Name: _____ M ___ F ___ Birthdate ___/___/___ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Occupation: _____

Height: _____ Weight: _____ Marital Status: S ___ M ___ D ___ W ___ No. of children _____

Cell phone: (____) _____ Home phone: (____) _____

E-mail Address: _____

_____ Check here if you would like to receive Cleansing Waters E-mail Newsletters.

Have you ever experienced Colon Hydrotherapy or Enemas? _____

Why are you requesting Colon Cleansing? _____

List your main health concerns and state briefly how long each has been an issue for you:

List all medications and/or supplements that you are currently using (please include why you are taking them if possible). Be sure to include non-prescription medications such as aspirin, laxatives, vitamins, minerals, homeopathic, herbs, etc.

What inherent (genetic) health issues run in your family?

Are you currently under medical treatment elsewhere for any specific health issue? If so, please list the health issue and the treatment you are undergoing:

Do you currently:

Smoke (how much or when did you quit): _____

Drink Alcohol (how much and how often): _____

Drink Coffee, Tea, or other caffeinated beverage (how much/day): _____

Drink Soft drinks (how much/day): _____

Exercise (what type, how often): _____

How often do you eat fast food? _____

Do you eat dairy products (milk, cheese, etc.)? _____

What percent of Organic food do you eat? _____

How much water do you drink each day? _____

Do you use a microwave? _____

How is your energy throughout the day? (high, average, low) _____

How many hours of sleep/night? _____

Do you wake up feeling rested? _____

Are you at your ____ ideal weight, ____ underweight, or ____ overweight? How much? _____

How many bowel movements are you having each day? _____

Do you experience indigestion, bloating, or are you gassy after meals? _____

Have you ever done any type of detox or cleanse? _____

Are you aware of any food sensitivities or allergies? _____

Give an example of an average day of eating, including any snacks:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Desserts: _____



Our Financial Policy:

Thank you for choosing Cleansing Waters as your colon rejuvenation provider. We are committed to your colonic session being successfully completed. Please understand that the payment on your bill is the only way we can continue to provide the best quality service.

The following is a statement of our financial policy, which we would like you to read and sign at the bottom.

We require full payment at the time of service. We accept cash, personal checks, MasterCard, Visa, and Discover. There is a \$30 minimum charge for all Credit Card transactions and a \$30 charge will be added on all returned checks.

Missed/Late Appointments:

We require 24 hours notice of cancellations. It is our policy to charge for missed colon hydrotherapy appointments at the rate of \$50. As a new client we require a credit card on file that will reserve your appointment time. A missed new client appointment will result in a \$75 charge. Please help us by keeping your appointment.

Late arrival for a scheduled appointment will be accommodated whenever possible: however, due to scheduling of other clients a full colonic session may not be available.

Service Policy:

Cleansing Waters reserves the right to refuse to offer our services to individuals that we feel *may* be contraindicated to colon hydrotherapy. Clients that we feel are out of our scope of practice may *not* receive services at Cleansing Waters without express written original prescription from a medical practitioner.

Packages:

Cleansing Waters offers colonic packages for discounts on the normal single price. The number of sessions and prices of packages may change.

All packages are non-refundable and non-transferable.

Signed: _____ Date: _____

Curing disease or any other illness is between you and your healthcare/medical professional. CWWC staff does not treat any diseases or illnesses nor do any of our staff make any diagnosis of any illness. CWWC staff are not medical doctors and are not attempting to portray themselves or conduct the activities of medical doctors.



INFORMED CONSENT – COLON HYDROTHERAPY

I, the undersigned client, authorize the Certified Colon Hydrotherapists at Cleansing Waters LLC to administer Colon Hydrotherapy sessions. Colon hydrotherapy is a service, not a treatment, and is not intended to be a substitute for careful medical evaluation and treatment by a competent, licensed personal health care professional. The staff and owner of Cleansing Waters LLC are not physicians and therefore are not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risks of Colon Hydrotherapy as described below:

COLON HYDROTHERAPY (colonic) is a gentle, safe and modest method of cleansing the colon.

The client positions himself/herself on a single-use, disposable sterile rectal nozzle. Filtered and sterilized water is run slowly into the colon under control of the client. During one 45-minute session a total of approximately ten (10) gallons of water gently flows into and out of the large intestine. **By signing below, client acknowledges full instructions for use have been given.** Cleansing Waters uses the Angel of Water® open Colon Hydrotherapy system, which allows the client as much privacy as s/he desires. The Colon Hydrotherapist is *always available* to be present in the room with the client during each session as per the client's expressed wishes.

Potential risks/possible complications of hydrotherapy include aggravation of symptoms existing prior to the session, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur. **Contraindications include severe cardiac disease, severe anemia, GI hemorrhage/perforation, severe hemorrhoids, cirrhosis, carcinoma of the colon, fissures/fistulas, advanced pregnancy, abdominal hernia, recent colon surgery (within 6 months), and renal insufficiency.** *If you have any of these conditions or are taking any medications, you must advise Cleansing Waters and consult with your personal health care professional before having any service.* We will review your questionnaire at the first visit before you receive Colon Hydrotherapy to determine whether or not this service is appropriate for you.

I understand the purpose and potential benefits of colon hydrotherapy, and that it is a wholly elective service.

I realize no guarantee as to the results that may be obtained has been given to me by the certified colon hydrotherapist of Cleansing Waters LLC.

An offer has been made to answer my questions about colon hydrotherapy and all questions have been answered to my satisfaction.

I understand and freely accept the potential risks/possible complications of colon hydrotherapy.

I freely and voluntarily consent to this service.

I hereby release all staff and the owner of Cleansing Waters LLC from any and all liability that may occur in connection with the colon hydrotherapy service.

I understand I am free to withdraw my consent and to discontinue participation in this service at any time.

Signature of Client (or of Guardian if under age 18):

Signature_____

Date_____

Print Name_____