

Sand2soul Wellness

Health History Questionnaire for Colon Hydrotherapy

Please PRINT and Answer all Questions:

Date: ____/____/____

NAME: _____ (cell ph) _____ (work ph) _____

ADDRESS: _____ City _____ State _____ Zip _____

E-Mail: _____ Occupation: _____

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

Are you Under a Physicians Care? _____ Name _____ Type: _____

[ICE] In Case of Emergency contact: _____ Relation: _____ Phone: _____

What is a Contraindication? (con-tra-in-di-ca-tion) *A contraindication is a specific health condition in which a Drug, Disease, Procedure, Treatment or Surgery is inadvisable, as it may be harmful to the health of the client/patient.*

* Contraindications: [☐] and Date if ever had any of the Following:

DATE

____ Abdominal Hernia
____ Abdominal Surgery
____ Abnormal Distension
____ Acute Liver Failure
____ Anemia
____ Aneurysm - All Types
____ Cancer-Type _____
____ Cardiac Condition
____ Crohns Disease
____ Colitis

DATE

____ Dialysis Patient
____ Diverticulosis/Diverticulitis
____ Fissures & Fistulas
____ Hemorrhaging
____ Hemorrhoidectomy
____ Intestinal Perforations
____ Lupus
____ Pregnant -(due date _____)
____ Rectal / Colon Surgery
____ Renal Insufficiencies

Please check [☐]

____ Hemorrhoids
____ Internal ____ External
____ Rectal / Blood in Stool
____ Recent Colonoscopy
____ Use Laxatives
____ BM Painful /Difficult
____ Burning / Itching Anus
____ Constipation/Diarrhea
____ Vomiting ____ Bloating
____ High Blood Pressure
____ Infectious Disease
____ Date of Last Menstrual
____ Allergic to Latex
____ Bladder Infection
____ Infectious Disease
Other _____

Please [☐] and date if you have any above*.)

I have NOT been diagnosed with any Contraindications for colon hydrotherapy: Client Initials X _____

READ and INITIAL: I am aware that this Center uses FDA Colon Hydrotherapy Device[s] and the Trained Therapist is not required to be State Licensed. This Center does have a Licensed Medical Director that may NOT be on site. No Studies have been conducted for this alternative and complementary modality. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon hydrotherapy devices and/or Enema kits.

Should I experience resistance during my 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.

If you are taking Medications that may increase the risk for potential side effects, then you should consult with your physician before proceeding with your colonic.

I have read and understand my responsibilities for colon hydrotherapy sessions: Client Initials X _____

I have reviewed and discussed with the LIBBE Device Trained Therapist that I do not have any Diseases, Contraindications or other Health Concerns and I wish to proceed with my colon hydrotherapy sessions:

CLIENT SIGNATURE: X _____ Date ____/____/____

As a Trained Therapist, I will always follow the LIBBE Manufacture operation, use & maintenance guidelines. I have reviewed and discussed this form with above client. Therapist Signature: X _____