



Holistic Life

Questionnaire on file? Yes: <input type="radio"/> No: <input type="radio"/>

COLON HYDROTHERAPY INTAKE FORM

Name: _____ Date: _____

For Office Use Only

Notes:

Address: _____

City: _____ State: _____ Zip: _____

Best way to contact? E-mail: Phone: Post Mail:

E-mail: _____

Phone: _____ Best time to call: _____
Daytime Evening

Birthdate: _____ Current Weight: _____ Height: _____

Current occupation: _____

How did you hear about Holistic Life, LLC?

Check all that apply:

- Yelp Internet search Google Natalia Rose
 BluePrint Cleanse™ IZO Cleanze™ Friend/Family _____
 I-ACT website Juicy Green's Other: *(please specify)* _____
Name

Why have you chosen to have colon hydrotherapy at this time?

Reason: _____

Please list all supplements/vitamins you are currently taking?

ARE YOU EXPERIENCING ANY OF THE FOLLOWING CONDITIONS?

Please check all that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Body Odor |
| <input type="checkbox"/> Halitosis (Bad Breath) | <input type="checkbox"/> Gas | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Candida/Yeast |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Body aches | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Sugar Cravings | <input type="checkbox"/> Cravings for carbs/ bread | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Colitis | <input type="checkbox"/> Sleep Issues | <input type="checkbox"/> Bladder Infection |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Painful/Difficult bowel movements | <input type="checkbox"/> Use of Laxatives | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Ear Issues | <input type="checkbox"/> Acne | <input type="checkbox"/> Sinus Problems | |

Date of last menstruation: _____ Are you pregnant? Yes: No:

Cancer: *(specific type)* _____

Other: *(specify)* _____

Are you currently under a doctor's care? _____

Name, number and location of doctor: _____

Is this your first time having colon hydrotherapy? Yes: No:

If no, date of last colonic: _____

Where? _____

How often do you have bowel movements?

1 time per day 1-2 times per day Every other day Every 3-7 days More

Do you understand proper food combining? Yes: No:

Do you want more information on creating and building a healthy life? Yes: No:

Are you interested in holistic health counseling? Yes: No:

Please indicate which of these you consume and the amount., (i.e., ounces/cups, per day/week)

Coffee:	White Tea:	Black Tea:	Green Tea:	Other caffeinated beverage:	Alcohol:

Do you consume artificial sweeteners? Yes: No:

PLEASE READ THE FOLLOWING AND SIGN BELOW:

CANCELLATIONS:

I understand that in the unlikely event of cancellation; Holistic Life, LLC requires full 24-hour cancellation from me. I understand that I will be responsible for a \$50 late-cancellation fee if the appointment is cancelled under 24 hours prior to my appointment. I also understand that this fee is non-transferrable.

NO SHOWS:

I understand that in the unlikely event of a no show; I am responsible for full payment of the appointment.

TARDINESS:

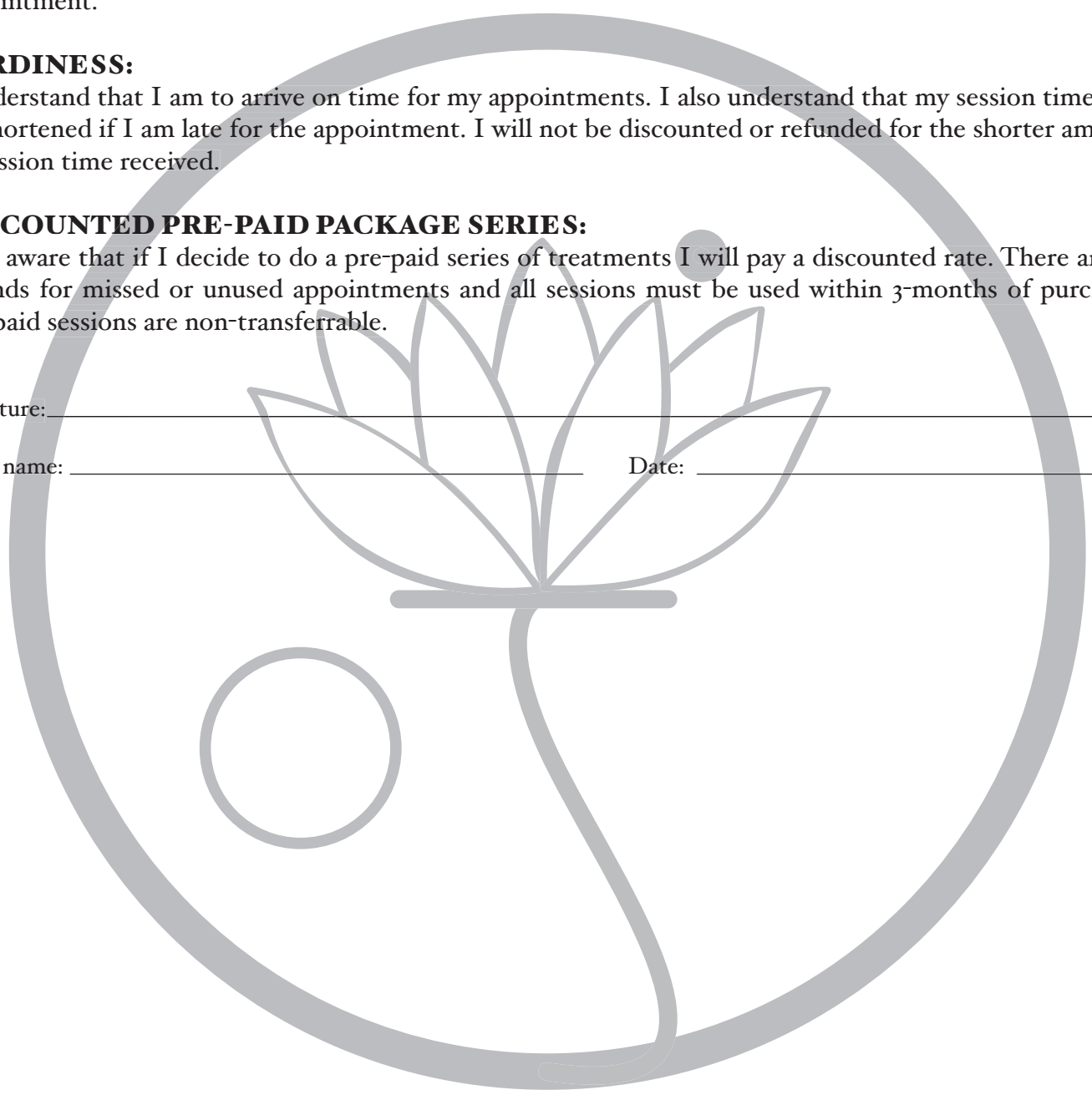
I understand that I am to arrive on time for my appointments. I also understand that my session time may be shortened if I am late for the appointment. I will not be discounted or refunded for the shorter amount of session time received.

DISCOUNTED PRE-PAID PACKAGE SERIES:

I am aware that if I decide to do a pre-paid series of treatments I will pay a discounted rate. There are no refunds for missed or unused appointments and all sessions must be used within 3-months of purchase. Pre-paid sessions are non-transferrable.

Signature: _____

Print name: _____ Date: _____



DISCLOSURE AND CONFIDENTIAL REQUEST FOR PROCEDURE

Notice designed to comply with the State of California Guidelines in the Business and Professions Code of the State of California Section 2053.6

All clients must read, understand, and sign this disclosure/request.

Colon Hydrotherapy services provided at this facility comply with Section 2053.6 to the Business and Professions code of the State of California. In compliance with this code, you must be advised:

- (A) There are no licensed physicians at this facility (Holistic Life, LLC) and the individual performing colon hydrotherapy is a colon therapist, NOT a doctor/physician. This means that he/she cannot and will not:
 - 1) Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body
 - 2) Administer prescribe X-Ray radiation to another person
 - 3) Prescribe or administer drugs or controlled substances to another person
 - 4) Recommend the discontinuance of drugs or controlled substances prescribed by appropriately licensed practitioner
 - 5) Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create risk of bodily harm, serious physical or mental illness or death
 - 6) Set fractures
 - 7) Treat lacerations or abrasions through electrotherapy
 - 8) Hold out, state, indicate, or imply to a client or prospective client that he/she is a physician, surgeon or physician and surgeon.
- (B) Colon Hydrotherapy is alternative or complimentary to healing arts services licensed by the State
- (C) The services of Colon Hydrotherapy and the Therapist that provides the services are not licensed by the State
- (D) The session for Colon Hydrotherapy includes the following procedures:
 - 1) The client will insert and retract the insertion speculum
 - 2) Warm(temperature controlled and gravity flow) water will flow into the colon, softening the fecal material which will be released through normal peristalsis into the sewer
 - 3) Your dignity, modesty and privacy will be maintained at all times
 - 4) The session will last approximately 30-45 minutes
- (E) Contraindications for colon hydrotherapy include:

Severe cardiac disease	Cirrhosis	Congestive Heart Failure
Carcinoma/Cancer of the colon		Fissures/Fistulas
Aneurysm		Severe Anemia
Abdominal Hernia		GI Hemorrhage/Perforation
Severe Hemorrhoids		Acute Liver Failure
Crohn's Disease		Dialysis Patients
Pregnancy (1st trimester)		Diverticulitis/Diverticulosis
Colonoscopy in the past 90 days		

If any of the before mentioned contraindications in Section (E) apply, I should NOT have colon hydrotherapy services without a doctor's permission. By signing this form and accepting treatment, I assume responsibility and waive any and all claims against Fatima Lowe-Williams, Holistic Life, LLC and other colon hydrotherapists associated with this facility.

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 device use. If during my self-insertion of the sterile rectal tube there is any resistance or if I experience discomfort or pain, I am responsible for stopping my session and immediately notifying the therapist. I limit the right to seek relief for negligence or any other civil remedy against a person/facility providing services subject to the requirements of this section.

(F)Fatima Lowe-Williams has been trained by Healing Waters Institute and is certified through the International Association of Colon Hydrotherapy (I-ACT). I may validate this information by checking with the I-ACT office at (210)366-2888 or go to the I-ACT website at www.i-act.org.

I request Fatima Lowe-Williams to perform colon hydrotherapy and other holistic health and wellness coaching — related services. I understand that Holistic Life, LLC does not claim to treat any disease or condition and that services are not intended as a substitute for regular medical care.

I, the Client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person/facility providing the service for three years in compliance with Section 2053.6 to the Business and Professions code of the State of California. If I am filling this form out electronically, then I shall print out a copy to keep for my records and the below signature, date and printed name (if submitted electronically) will also serve as a valid.

Signature: _____
(for clients age 18 and under, the signature and attendance of the parent or guardian is required)

Print name: _____ Date: _____