

Notice designed to comply with the Colorado Natural Health Consumer Protection Act as promulgated in SB 13-215 signed into law on June 5, 2013

***** All clients must read, understand, agree, and sign this disclosure *****

Lisa Smith, QHS Limited LLC – dba Colorado Colonics & Detox Center
3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

Colon Hydrotherapy services provided at this center comply with the Colorado Health Freedom Act. Before seeking Colon Hydrotherapy, we recommend you seek the advice of your healthcare provider or primary care physician. In compliance with this act, you must be advised:

A) There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a Colon Hydrotherapist, they are not a physician. This means and implies that they cannot and will not:

(1) Perform surgery or any other invasive procedure, including a procedure that requires entry into the body through skin, puncture, mucosa, incision, or other intrusive method. (2) Administer or prescribe X-ray radiation to another person. (3) Prescribe, administer, inject, dispense, suggest, or recommend a prescription of or legend drug or controlled substance or device identified in the Federal "Controlled Substance Act" 21 U.S.C. Sec 801 Et Seq., as amended. (4) Use general of spinal anesthetics other than topical anesthetics. (5) Use a laser device that punctures the skin, incises the body, or is otherwise used as an invasive instrument. (6) Practice midwifery. (7) Practice psychotherapy. (8) Perform spinal adjustment, manipulation, or mobilization. (9) Provide Optometric Procedures or interventions that constitute the practice of optometry. (10) Directly administer medical protocols to a pregnant woman or to a client who has cancer. (11) Treat a child who is under the legal adult age of eighteen years. (12) Provide dental procedures or interventions that constitute the practice of dentistry. (13) Set fractures. (14) Practice or represent that he is practicing massage therapy or providing deep stroking muscle tissue of the human body. (15) Provide a conventional medical disease diagnosis to a client. (16) Recommend the discontinuation of a course of care including a prescription drug that was recommended or prescribed by a health care professional. (17) Hold oneself out as or indicate, advertise, or imply to a client or prospective client that he is a physician, surgeon, or both, or that he is a health care professional who is licensed, certified, or registered by the state.

(B) Colon Hydrotherapy is an elective alternative or complementary to the healing arts services licensed by the state.

(C) The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state of Colorado.

(D) The session of colon hydrotherapy includes the following procedures: (1) The client will insert and retract the speculum. (2) Warm (temperature and pressure controlled) water will flow into the colon softening the fecal material which will be released through normal peristalsis into the sewer. (3) Your dignity and modesty will be maintained always. (4) The session will last approximately 30-45 minutes. I do have professional liability insurance specifically for colon hydrotherapy.

(E) The theory of treatment upon which colon hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, good-sense indicates hydration of the body through the large intestine can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report they feel better after a colonic, maybe due to hydration by osmosis or the release of the bowel contents. On the other hand, there is a growing number of health care practitioners that some believe in the idea of autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the colon. This theory may or may not have validity, depending on who you listen to, but we know there is an increased level of toxins in our environment and logic tells us that anything we can do to assist the body in ridding itself of toxins should and does have some value.

(F) I, LISA SMITH, have been trained by I-ACT and follow the I-ACT Guidelines. I am a member of I-ACT, certified at the INTERMEDIATE LEVEL. You may validate this information by checking with the I-ACT Office at (210) 366-2888.

I acknowledge that I have read the above disclosure and have been given a copy of this document. This information was provided to me in a language I can read and understand. This document will be maintained for two years after the last date of service.

Client Name

Client Signature

Date

Phone number

Email address

Client Address

City, State, Zip

Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

Name: _____ Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Date of birth: _____ Age: _____ Blood type: _____

Occupation: _____ Stress Level 1 – 10 (10 = very stressed): _____

Contact me via: CALL TEXT EMAIL SOCIAL MEDIA (FB/Insta/twitter) _____

Who can we thank for referring you to us? _____

What brought you here? Doctor recommendation Prescription Personal choice Other

What is your main purpose in coming today? What are your expectations?

What service are you receiving today? (Mark all that apply)

Colonic Open Closed Ion Foot Detox Sound Vibration Other _____

Have you had any of these treatments before? Please explain:

[For contraindication(s), it is your discretion and of your primary health care provider to decide if treatment should be avoided at this time. CCDC does not claim to diagnose any such condition, and is not liable for any such ailments.]

Colon Hydrotherapy may not be received if you've had a colonoscopy in the past 90 days!

= Contraindication for Colon Hydrotherapy = Contraindication for Foot Detox

CONTRAINDICATIONS – Please discuss with us immediately if you have had any of the following:

- Currently pregnant Chemotherapy/Radiation Congestive Heart Failure
- Dialysis Kidney Condition/Failure Crohn's disease Acute liver failure Cirrhosis
- Aneurysm – All types Abdominal surgery Abdominal hernia Renal insufficiency
- Intestinal Perforation Bloody Diarrhea Colon or rectal surgery Severe hemorrhoids requiring surgery
- Carcinoma of the rectum Rectal Fissures/Abnormalities Colon Cancer
- Diverticulitis Colitis or Ulcerative Colitis Pacemaker/Battery-operated/Electrical implant
- Heartbeat regulating medication Pregnant/Breast-feeding Organ transplant recipient/Donor
- Congestive heart failure Open wounds on my feet Psychotic episodes/Seizures Epilepsy

OPEN 7 DAYS A WEEK | BY APPOINTMENT ONLY | GIFT CERTIFICATES AVAILABLE
Full payment of your service is required for all cancellations made with less than 24 hour notice.

CCDC-5-101019

Colorado Colonics Detox Center

3597 S Pearl St Suite 101 Englewood, CO 80113 (303) 505-0026

INTAKE FORM

Is there any other medical information we need to know:

Please list surgeries or traumas:

Are you being treated by a Doctor or Health Practitioner now? No Yes

For what: _____

Please list medications taken for vital organs or a medical condition:

Are you taking supplements (minerals/vitamins/herbs)? No Yes

Please explain: _____

Amount of water/day: _____ What type of diet do you follow? _____

Frequency of physical exercise: _____ Type: _____

Colon Hydrotherapy Session:

When was your last bowel movement? _____

Do you have, or have you ever had rectal bleeding? If yes, please explain:

INFORMED CONSENT

I, _____ understand and agree to the following:

I have provided all important medical information to the facilitator. I read through and understand the contraindications. None of the contraindications apply to me. The facilitator is not a physician or nurse. No medical diagnoses, prescriptions, or claims to treat or cure any condition or disease have been promised to me. The facilitator is a complementary and alternative health care practitioner who has explained the procedure of the service(s) selected, the device(s) used, and any potential side effects. If I experience any pain or discomfort, I am responsible for stopping the session and notifying the facilitator immediately. All of my questions have been answered and I agree to participate with the facilitator in this session. I further understand that everyone is unique and will listen to and honor my body's' messages.

Signature (Parent/guardian if under 18)

Date