

# 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: \_\_\_\_\_

Preferred method of communication: CALL TEXT EMAIL

Who can we thank for referring you to us? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Blood type: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ If pregnant, which trimester: \_\_\_\_\_

Occupation: \_\_\_\_\_ Stress Level 1 – 10 (10 = High stress): \_\_\_\_\_

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 \_\_\_\_\_

**For COLON HYDROTHERAPY You MUST check YES or NO for each of the following and indicate any ACTIVE (A) CONTRAINDICTIONS:**

Currently Pregnant	Y	N	A	Chemo/radiation treatment	Y	N	A	Congestive Heart Failure	Y	N	A	Dialysis	Y	N	A
Kidney Condition/Failure				Crohn's Disease				Acute Liver Failure				Cirrhosis			
Aneurysm				Abdominal Surgery				Abdominal Hernia				Renal Insufficiency			
Intestinal Perforation				Bloody Diarrhea				Colon or Rectal Surgery				Severe Hemorrhoids			
Severe Diverticulitis				Rectal Fissures/Fistulas				Severe Anemia				Ulcerated Colitis			
Carcinoma				Severe Cardiac Disease				GI Hemorrhage/Perforation				Colon Cancer			

**For ION FOOT DETOX You MUST check YES or NO for each of the following and indicate any ACTIVE (A) CONTRAINDICTIONS:**

Pacemaker/Electric Appl.	Y	N	A	Pregnant/Breast-feeding	Y	N	A	Medication for Heartbeat	Y	N	A	Organ Transplant	Y	N	A
Congestive Heart Failure				Open Wounds on Feet				Seizures/Epilepsy							

### GIFT CERTIFICATES AVAILABLE

Full payment of your service is required for all cancellations made with less than 24 hour notice.

**BIVENS ACT, ARTICLE 42;** You must declare your affiliation with the law or be held personally and individually liable.

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THE FOLLOWING IS **OPTIONAL**, BUT IT HELPS THE THERAPIST TO PREPARE A BETTER SESSION FOR YOU:

1.OCCASIONAL/MILD SYMPTOM      2.FREQUENT/MODERATE SYMPTOM      3.SEVERE/CONSTANT SYMPTOM      OR 'NO' IF NOT APPLICABLE

HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#	HEALTH HISTORY	NO	#
Allergies			Diabetes			Lung disorders		
Allergies drug reaction			Digestive Problems			Lupus		
Anemia			Diverticulosis			Painful Menstruation		
Anorexia/ Bulimia			Dizziness			Vaginal discharge		
Arthritis			Double/blurred vision			Breast Pain		
Asthma			Earache			Tinnitus/Ringing in ears		
Back problems/pain			Edema/ swelling			Muscle / Joint pain		
Bad breath			Excess Gas			Muscle Stiffness		
Bitter metallic taste			Excessive hair loss			Neuropathy		
Bladder disorders			Fatigue			Organ Transplant		
Bladder infection			Frequent colds			Pacemaker		
Bronchitis			Headaches			Poor appetite		
Burping			Heart-burn/ acid reflux			Prostate problem		
Chronic cough			HEP-C / HIV / Aids			Seizures		
Chronic fatigue			Hemorrhoids			Sinus Problems		
Colitis			High/low blood pressure			Skin disease		
Cold Sores			Insomnia			Uterus disorder		
Constipation			Irritable bowel (IBS)			Uterus/ Ovary problems		
Depression			Liver disorders			Organ Transplant		

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Please list surgeries or traumas and the date: N/A

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Current treatment by a Doctor or Health Practitioner: N/A

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Please list all prescription medications: N/A

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Please list all supplements (minerals/vitamins/herbs): \_\_\_\_\_

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What type of exercise do you do? \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_

Is there a specific diet you follow? Please explain: \_\_\_\_\_

Are you always hungry/never hungry or eat when nervous? \_\_\_\_\_

Do you have reactions when meals are delayed? \_\_\_\_\_

What foods cause you strong cravings? \_\_\_\_\_

### FOR COLON HYDROTHERAPY:

Are you allergic to **COCONUT OIL**? YES NO

When was your last Colon Hydrotherapy session? \_\_\_\_\_ N/A

When was your last Colonoscopy? \_\_\_\_\_ N/A

How many bowel movements per day do you have? \_\_\_\_\_ Do you strain to have a bowel movement? \_\_\_\_\_

Do you use a stool softener or laxative? \_\_\_\_\_ Herbal laxative? \_\_\_\_\_ Suppository? \_\_\_\_\_

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*"The purpose of this Center and all therapists herein is to provide services, products, and offer information to clients. Our services, products and information are for vocational and avocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."*

### INFORMED CONSENT

Initial

I declare that I am not a Federal, State, or Local Agent affiliated with the law	_____
I take full responsibility for any products or supplements that I purchase	_____
I have read, signed, and received a copy of the State of Colorado SB-13-215	_____
I understand that full payment is due for any cancellation within 24 hours	_____
I understand that any special packages, discounts, or purchases are non-refundable	_____

I, \_\_\_\_\_ understand and agree to the following:

I have provided all important and relevant medical and personal information to the facilitator; and have honestly answered all questions and not intentionally withholding information that may have an effect on my treatment. I will inform the facilitator of any changes in my physical health. I am agreeing to the office policies and procedures of Colorado Colonics Detox Center (CCDC).

The purpose of Colorado Colonics Detox Center (CCDC) and all therapists associated within is to facilitate and provide services, products, and offer information to clients. Our services, products and information are for vocational and avocational self-improvement. We do not intend to treat, diagnose, prescribe, or cure.

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

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**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, of 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, of 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.**

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Client Name	Client Signature	
Date	Phone number	Email address
Client Address		City, State, Zip