

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 = High stress): _____

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?

How do you feel (typically, overall, usually)? _____

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-6-102819

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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