

# 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  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:

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Please list surgeries or traumas:

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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:

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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:

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### 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