AlmostEdenHomeSpa.com

Colon Hydrotherapy Intake Form

Name _____ Sex (Please Circle) M F

Address _____ City _____ State ___ Zip _____

Phone (home) _____ Phone (work) _____ e-mail _____

Occupation _____ Date of Birth _____ Age _____

Height _____ Weight _____ Do you have children? _____ Number _____

Ever had a colonic before? _____ When?_____ Where? _____

Other forms of detox? _____

How did you learn of my service? _____

Major physical complaints _____

List surgeries and when performed _____

List ALL medications & supplements you now take regularly (include over-the-counter) _____

_____

List ALL known allergies _____

How many bowel movements do you usually have per day? _____ Per week? _____

Do you have to strain to have a bowel movement? _____ Do you take laxatives? _____

Herbal laxatives? _____ Suppositories? _____ Stool Softeners? _____ Brand? _____

Do you have hemorrhoids or other rectal problems? _____

_____

Have you ever had any rectal bleeding? _____ If so, when? _____

Have you ever had a barium enema? _____ Colonoscopy? _____ Rectal Surgery? _____

Colon Surgery? _____ If so, when? _____ Pertinent Details _____

Why have you chosen to have colon hydrotherapy? (Check all that apply):

Doctor Referral _____ 9th amendment right to self-prescribe _____ Other _____

May we contact you at the above address with brochures, specials, notices? _____ E-mail? _____

In case of an emergency, call _____ Phone _____

Print name & relationship or 911 will be used

If you are a federal, state or local agent, upon entering these premises you must declare same. Blivens Act – Article 42 be held personally and individually liable
******ABSOLUTELY NO SEXUAL ACTIVITY PERMITTED******

PO Box 506 * Somers, WI 53171 * 262-859-2121 * 859-0369 Fax

AlmostEdenHomeSpa.com

Colon Hydrotherapy Intake Form

Contraindications (these conditions may preclude your receiving colon hydrotherapy)
Have you been diagnosed with any of the following?

_____ Abdominal Hernia
_____ Abdominal Surgery
_____ Abnormal Distension
_____ Acute Liver Failure
_____ Anemia
_____ Aneurysm – All Types
_____ Carcinoma of the Colon
_____ Cardiac Condition
_____ Chrohns Disease
_____ Renal Insufficiencies
_____ Colitis
_____ Dialysis
_____ Diverticulosis/Diverticulitis
_____ Fissures & Fistulas
_____ Hemorrhaging
_____ Hemorrhoidectomy
_____ Intestinal Perforations
_____ Lupus
_____ Pregnant (due date _____)
_____ Rectal/Colon Surgery
_____ Are you currently taking any medications which may weaken the intestinal walls?

I have not been diagnosed with any contraindications for colon irrigation outlined above. I am aware that Colon Hydrotherapists are NOT Physicians and therefore do not diagnose or prescribe. 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 devices. I am responsible for my own self-insertion; if I experience resistance during the insertion, I will immediately stop and notify the therapist. If, during the session, I experience discomfort or pain, I am responsible for immediately stopping my session and notifying the therapist! This facility does not claim to cure or treat any condition or disease.

Do you experience any of the following?

_____ BM Painful/Difficult
_____ Burning/Itching
_____ Hemorrhoids
_____ Use Laxatives
_____ Bladder Infection
_____ High Blood Pressure
_____ Rectal Bleeding
_____ Blood in Stool
_____ Infectious Disease
_____ Strain

Are you under a Doctors care? _____ Explain _____

Doctor's Name _____ Phone _____

Colon Hydrotherapy Charges

Initial Visit	$ 75.00
Single Colonic	$ 60.00
4 pack Series	$210.00
6 pack Series	$320.00
8 pack Series	$410.00
12 pack Series	$600.00

I understand that I am having Colon Hydrotherapy at my own risk and that Almost Eden LLC, its owners, agents, management and employees assume no liability of any kind. I have been truthful in answering all the above statements, and am solely responsible for such.

Scheduling an appointment reserves the system time specifically for you. As only one person can use the system at a time, kindly give 24 hours notice if you need to reschedule or cancel an appointment.

Signature _____ Date _____

PO Box 506 * Somers, WI 53171 * 262-859-2121 * 859-0369 Fax

Almost Eden Home Spa

Informed Consent

Almost Eden Home Spa informs you of the following things:

1. We do not diagnose.
2. We make no attempt to cure any conditions.
3. We make no claim or imply any claim that suggestions are given to cure any conditions
4. We do not claim that any supplemental material that we speak about will cure any condition or that its purpose is to treat any condition.
5. We do not prescribe or treat disease, however we do attempt to educate you on food and conscious diet choices, exercise and lifestyle choices if they are not contradictory to the recommendations of your primary health care provider or your physician.

I, the undersigned client of Almost Eden Home Spa, understand the above statements and understand that diet, nutrition and lifestyle consultations are considered to be inexact sciences and the results obtained are not always consistent or predictable.

Whether or not I participate in the procedures offered by Almost Eden Home Spa, is my decision based on my God given inalienable rights & my Constitutionally guaranteed rights based upon the U.S. Bill of Rights. It is my Creator endowed inalienable right to ask for assistance of my own choosing and I accept full responsibility for any outcome. I understand that there is no guarantee of any result and the opposite of the desired result may appear. Whether or not I ask for assistance is my decision and all decisions relative to my health must be made by me.

I understand that all the practitioners here are not medical doctors, and are not attempting to portray or conduct the activities of a medical doctor, and I waive any liability on behalf of the practitioner.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Contact Number _____

Signature _____

7709 12th Street * PO Box 506 * Somers, WI 53171
262-859-2121*262-859-0369 fax* AlmostEdenHomeSpa.com