

Health Connections Massage & Colon Hydrotherapy

MM 4010

Name, Last _____, First _____, MI _____ SSN _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____
 Cell Phone (____) _____ E-Mail _____
 Place of Employment _____ Occupation _____
 Birthplace _____ DOB ____/____/____ Age _____ # of Children _____ Ages _____
 M / F _____ Blood Type _____ Height _____ Weight _____ Eye Color _____ Hair Color _____
 Marital Status _____ Spouse's Name _____
 Who is responsible for this account? _____ Referred by _____
 Emergency contact _____ Relationship _____
 Phone (____) _____

Take your time and circle any of the following that you have had in the last 5 years

Abdominal pain	Chest pain	Fistula or fissures	Obesity
Anemia	Chronic cough	Frequent headaches	Overweight
Arteriosclerosis	Colitis	Gallbladder disease	PMS
Arthritis	Constipation – chronic	Gas, belching	Painful menstruation
Asthma	Constipation – recent	Hands – cold	Painful urination
Back pain	Crohn's disease	Heartburn	Parasites
Bloating	Depression	Heart condition	Poor circulation
Blood clots	Diabetes	Heart disease	Psoriasis
Bloody or black stools	Diarrhea – chronic	Hemorrhoids	Sciatica
Blood pressure – high	Diarrhea – recent	Hepatitis	Sinusitis
Blood pressure – low	Diverticular disease	Hernia	Skin dryness
Body odors	Dizziness	High cholesterol	Skin rash
Bowel impaction	Double/Blurred vision	Hypoglycemia	STD
Breast pain	Ears ringing	Insomnia	Stomach disorders
Bronchitis	Edema	Irritability	Thyroid imbalance
Bruise easily	Eczema	Joint pain	Ulcerative colitis
Bursitis	Fainting spells	Kidney disease	Ulcers
Cancer	Family history of colon cancer	Leaky gut	Underweight
Candida	Fatigue	Liver trouble	Varicose veins
Change in stool	Feet – cold	Nervousness	Vomiting

INDICATIONS FOR COLON HYDROTHERAPY

The history and physical examination of the patient by the physician would indicate the need for colon hydrotherapy in the overall treatment plan. Colon hydrotherapy has been shown to be beneficial for the following:

Acute Fecal Impaction	Mucous Colitis
Constipation	Fever Therapy
Colitis	Hyper / Hypothermia
Diarrhea	Paraplegic / Quadriplegic bowel retraining
Parasitic Infections	Prevention of disease
Atonic / Sluggish Colon	Preparation Colon and Sigmoidoscopies
Abdominal Distention / Flatulence	Post Barium enema
Hemorrhoid – Mild to Moderate	
Intestinal Toxemia	
Nutrient supplementation via rectum – RX only	

INDICATIONS UNDER PRESCRIPTION AND DIRECT PHYSICIAN SUPERVISION

Diverticulitis	On Site Prep following Trauma
Ulcerative Colitis	Early Pregnancy – up to 4 months
Crohn's Disease	

CONTRAINDICATIONS FOR COLON HYDROTHERAPY

Severe Cardiac Disease	Cirrhosis
Uncontrolled Hypertension	Colon Cancer
Congestive Heart Failure	Fissures / Fistulas
Aneurysm	Advanced Pregnancy
Severe Anemia	Abdominal Hernia
GI Hemorrhage / Perforation	Recent Colon Surgery
Severe Hemorrhoids	Kidney Insufficiency
Colonoscopy Within 6 Weeks	

I have read the above and I am free from any of the CONTRAINDICATIONS for colon hydrotherapy.

SIGNED

DATE

Health Connections: Massage & Colon Hydrotherapy

Name of Physician _____ Physician's Phone # (____) _____

Address _____ City _____ St _____ Zip _____

Are you pregnant? _____ How many weeks/months _____ Date of last medical exam _____

Are you currently under a physician's care? _____ For what? _____

Are you on any medications? _____ List them _____

Do you have allergies? _____ List them _____

Have you ever:

Had any surgery? Y / N When _____ Describe _____

Been in an accident? Y / N When _____ Describe _____

Broken any bones? Y / N When _____ Describe _____

Had a colonoscopy? Y / N When _____ Describe _____

Is your work stressful? _____ Describe _____

Can you relax easily? _____ Are you easily excited or upset? _____

Do you exercise: Daily _____ Weekly _____ Monthly _____ Weekends _____ Rarely _____ Never _____ Used to _____

What kind of exercise do you / did you prefer?

What do you enjoy for recreation? _____

Dietary Habits

Where do you eat most of your meals? Home _____ % Restaurant / Take Out _____ %

How much water do you drink daily? _____ Cups (8 oz)

Do you consume: **please indicate heavy (h), moderate (m), light (l), or none (0)**

Coffee _____ tea _____ soda _____ alcohol _____ tobacco _____ beans _____ salads _____ sprouts _____

Potato _____ sugar _____ chocolate _____ salt _____ spices _____ eggs _____ milk _____ butter _____

Cheese _____ ice cream _____ yogurt _____ beef _____ pork _____ poultry _____ seafood _____ fish _____

Vegetables: fresh _____ canned _____ frozen _____

Fruit: fresh _____ canned _____ frozen _____

Wheat _____ oats _____ rye _____ barley _____ rice _____ millet _____ spelt _____ sprouted grains _____

Soy products _____

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Are you on a nutritional program? Y / N

If yes, are you under a professional's care? Y / N

If yes, please describe: _____

Do you take vitamins, minerals, herbal supplements, homeopathics? _____ Please list them:

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____
 9. _____ 10. _____ 11. _____ 12. _____

Do you require laxatives? Y / N

Type? Over the counter _____

Herbal _____ Prescription _____

How would you best describe your bowel movements?

____ less than once a week ____ spontaneous ____ frequent ____ occasional ____ never
 every ____ days ____ twice a day ____ after eating ____ requires straining ____ loose / watery
 ____ alternating between constipation and diarrhea ____ with lots of gas ____ with mucous ____ foul smell
 ____ dark color ____ medium brown ____ light brown ____ yellowish brown ____ orange ____ pale

Describe the type and frequency of any discomfort and the activity that aggravates the condition:

When did you first become aware of this? _____

What caused it? _____

Is the condition getting progressively worse? _____

What have you done for relief? _____

Have you had colon hydrotherapy treatments? _____ If so, how many? _____ How often? _____

Over what period of time? _____ Where? _____ By whom? _____

How long since your last treatment? _____

What is / are your reason(s) for receiving colon hydrotherapy treatments at this time?

Health Connections: Massage & Colon Hydrotherapy, Inc

RELEASE: I understand and agree that colon hydrotherapy services provided by *Candice Klein Gordon, LMT, CT*, a state certified colon hydrotherapist, is provided pursuant to and in accordance with the laws of the state of Florida governing colon hydrotherapy. I am aware of and understand that full and complete medical disclosure is essential to the colon hydrotherapist providing this therapy. I agree to hold harmless and release indemnity this therapist against any and all liability arising from the colon hydrotherapy treatments. By signing this release, I hereby declare that I have provided the therapist with all relevant information necessary for the proper application of colon hydrotherapy and that I have made an informed choice to proceed with the treatments. I am fully aware that the colon hydrotherapist is not a doctor and will refrain from diagnosing and prescribing and that I may seek medical advice. _____initial

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Services rendered are payable at time of service unless special arrangements have been made in advance of treatment. _____initial

There is a \$35 charge for returned checks. _____initial

Appointments may be rescheduled one time with no penalty. A \$50 fee will be charged for subsequent rescheduling. Please be sure of your schedule before committing to an appointment and please choose your date and time carefully to fit your schedule. _____initial

There is a \$50 charge for appointments cancelled less than 24 hours in advance and **FULL FEE** charged for missed appointments.
_____initial

Thank you for your courtesy to myself and to others desiring therapy.

Signature _____

Date _____