

Hope Wellness Center
 Office of Steve Hines, Naturopath
 2118 W. Beauregard Ave
 San Angelo, TX 76901
325-947-5266

DATE:

CONFIDENTIAL REQUEST FOR PROCEDURE

Please **PRINT** and answer all Questions:

Name: _____ Home Ph: _____ Work Ph: _____
 Address: _____ City: _____ State: __ Zip: _____
 Occupation: _____ How Long? _____
 Height: _____ Weight: _____ Birth Date: _____ Age: _____

Why have you chosen to have Colon Irrigation Session(s)? Please check (X) all that applies:

Reason: _____
 *Under a Medical Provider's Care? _____ *Medical Provider Name: _____ *By Prescription: _____
 In Pain? _____ Where? _____

*Contraindication's: (X) and Date if ever had any of the following:

<u>DATE</u>	<u>DATE</u>	
___ Abdominal Hernia	___ Hemorrhoidectomy	___ Diarrhea
___ Abdominal Surgery	___ Intestinal Perforations	___ Infectious Disease
___ Abnormal Distension	___ Lupus	___ Hemorrhoids?
___ Acute Liver Failure	___ Pregnant (due Date)	___ Internal ___ External
___ Anemia	___ Rectal/Colon Surgery	___ Rectal bleeding
___ Aneurysm - All types	Date / Type _____	___ Recent Barium Enema
___ Carcinoma of the Colon	___ Renal Insufficiencies	___ Recent Colonoscopy
___ Crohns Disease	___ Taking Medication's which	___ Strain
___ Colitis	may weaken intestinal walls?	___ Use Laxatives
___ Dialysis Patients	___ Bladder Infection	___ Vomiting
___ Diverticulosis/ Diverticulitis	___ Bloating	___ Allergy to LATEX or
___ Fissures & Fistulas	___ Blood in Stool	Lubricants?_
Hemorrhaging	___ BM Painful/Difficult	___ Date of Last Menstrual
___ Polyps	___ Constipation	___ Diuretics , list _____
	___ Dehydration	___ Chest Pain or Left Arm Pain

COMMENTS: ** Please Refer to Bottom of Page for Additional Instructions**

I have not been diagnosed with any contraindication for colon irrigation. (See above*) I am aware that colon irrigation and enema device facilities personnel are not Physicians and therefore do not insert, 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 insertion. If I experience resistance during the insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session. I am aware this facility does not claim to cure or treat any condition or disease.

Client Signature: X _____ Date: _____ / _____ / _____
 (For clients 18 or under; the signature & attendance of the parent or guardian for insertion is required.)

**** Before, After, and In-between Colonics be Sure to Eat Light Meals
 (Soup/Salad); and Drink Plenty of Water. (Emergen C and Potassium
 supplements are good to replenish Electrolytes.)****