



COLON HYDROTHERAPY INFORMED CONSENT

I, _____ have decided to undergo a Colon Hydrotherapy session.

Colon Hydrotherapy is intended to irrigate the large intestine with the use of FDA-approved colon hydrotherapy AQUA Cleans system. I understand there may be benefits resulting from this session; however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this session.

- We do not diagnose.
- We make no attempt to cure any condition.
- We make no claim or imply any claim that suggestions are given to cure any condition.
- 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.

I understand that the Colon Hydrotherapist will insert a tube/speculum into my rectum and agree that I will witness that the tubing is sterile from a new unopened package.

I understand that the therapist are not attempting to portray or conduct the activities of a medical doctor and I waive any liability on behalf of the certified therapist. _____
(Initial Here)

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this session. _____ **(Initial Here)**

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should this be required.

By signing below,

I acknowledge that I have read the foregoing informed consent and agree to the treatment. I hereby give consent for this Colon Hydrotherapy treatment and release the certified therapist, the person performing the Colon Hydrotherapy session and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature: _____ Date: _____ / _____ / _____



CONSENT AND RELEASE FORM

Client Name _____

Address _____

City, State, Zip _____

I, (**client's name**) _____, certify I am 18 years of age or older. I release and forever discharge **Fran Costner** and all others associated with **Spring Health & Wellness LLC** from any and all responsibility or liability arising from these procedures and demonstrations.

I have not been promised anything to submit to these procedures, or to sign this release form. No guarantees or warranties have been made to me to the success, value, or benefit of such procedures. I realize and acknowledge that the instructions and services given are not medical treatment. I realize and acknowledge that the instructions, recommendations and services are not medical treatments or prescriptions. Any changes or additions in my diet, exercise, or supplementation are of my own choosing. I have been instructed and understand to consult my physician before entering into any lifestyle changes and am free to withdraw my consent and discontinue visits here at any time. This form has been fully explained to me and I certify I understand its content.

Client Signature: _____

Date: _____



Please write or print clearly. All of your information will remain confidential.

Personal information

Name: _____ Date: _____
Address: _____
City _____ State: _____ Zip _____
Email: _____ Phone: _____
Age: _____ Birthdate: _____ Sex: _____ Height: _____
Current weight: _____ Weight six months ago: _____ Weight a year ago: _____
Would you like your weight to be different? _____ If so what? _____
Emergency contact info: _____
Occupation: _____ Hours of work per week: _____
Referred by: _____

Health Information

Have you had colon hydrotherapy before? _____ If yes where? _____
Please state you reason for and expectations for your session?

Please list your main health concerns and/or goals? _____

At what point in your life did you feel your best? _____

Please mark any of the following you have/had and give a brief explanation.

Fatigue _____ Headaches _____

Bloating _____ Sugar cravings _____

Constipation Diarrhea/Gas/IBS _____ Alternating
periods of constipation and
diarrhea _____

Hemorrhoids _____ Rectal bleeding/surgery _____

Low/high blood pressure _____ Cancer _____

Leaky Gut Syndrome _____ Hepatitis _____

Skin issues _____ Poor immunity _____

Stress _____ Autoimmune disease _____

Any pain/stiffness/swelling _____

Allergies or sensitivities? Please explain: _____

Exercise? _____

How many bowel movements do you have each day? _____

Do you take any prescription/over the counter medications? _____



Do you take any vitamins/herbal supplements? _____

Any holistic therapies that you receive? _____

How frequent do you have a bowel movement? _____

Do you strain? _____

Do you use a prescription/over the counter/herbal laxative?

List all surgeries and major illness? _____

Women's Health

Are you pregnant? ____ Are your periods regular? ____ How many days are your period?

____ How frequent? ____ Painful or symptomatic? ____

Please explain? _____

Reached or approaching menopause? _____

Birth control history: _____

Do you experience yeast infections or urinary tract infections? ____ Please explain:

Food Information

What foods did you eat often as a child? Breakfast Lunch Dinner Snacks Liquids What is your food like these days? Breakfast Lunch Dinner Snacks Liquids Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?

Do you cook? _____

What percentage of your food is home cooked? _____

Where do you get the rest? _____

The most important thing you should do to improve your health is:

Anything else you want to share? _____

What is your stress level on a scale of 1-5? _____

Any contributing factors increasing your stress? _____

Are you interested in learning more about diet and lifestyle changes? How can I best help you achieve your health goals?

Client Signature: _____ Date: ____ / ____ / _____