

Colon Hydrotherapy Client Information, Page 1



Today's Date: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: - Home: _____ Office: _____ Cell: _____

Email Address (please write clearly): _____

Occupation/Employer: _____ How did you find out about us? _____

Emergency Contact: _____ Phone Number: _____

Have you had a colonic or an enema before? _____ If so, when? _____ Where? _____

With who? _____ How was the experience? _____

How many times a day do you have a bowel movement? _____ How many per week? _____

Have you ever been treated for pathology of the colon? _____ When? _____ What type? _____

When have you observed blood in your stool? _____ Have you ever observed mucus in your stool? _____

Do you experience diarrhea or constipation? Please describe: _____

Do you have any immune disorders? HIV+ _____ AIDS _____ Lupus _____ Other _____

Do you have family history of colon problems? _____ Please describe: _____

Please describe any surgery: _____

List all medications and Prescribing Doctors: _____

Do you have hypertension or high blood pressure? _____ How is it controlled? _____

Low blood pressure? _____ When was your last reading? _____

Please list the foods you've eaten in the past 24 hours: Breakfast: _____

_____ Lunch: _____

_____ Dinner: _____

_____ Other: _____

Is this your typical diet? _____ What snacks & food do you crave? _____

Do you eat late at night? _____ Describe: _____

Is your diet high in fiber or bulk? _____ What kinds? _____

Do you take Laxatives? _____ What types? _____

Do you take any dietary supplements or herbs? Please describe (pills, liquid extract, tea, brand name): _____

Do you desire nutritional and herbal guidance or support? _____

When was the last time you took antibiotics? _____ What was it for? _____

Are you aware of probiotics? _____ Did you take some after your antibiotic use? _____

Please check all of the following that you've had in the past week: _____ Coffee _____ Alcohol

_____ Soda _____ Black Tea _____ Sugar _____ Tobacco

Do you sleep well? _____ How many hours nightly? _____

What are the stresses in your life? _____

What activities help with stress reduction? _____

How often do you do these activities? _____

Prioritize the following list (#1-5) as they are:

_____ Work _____ Family _____ Self-Care _____ Meal Planning _____ Spiritual Practice

Now prioritize the following as you would like them to be:

_____ Work _____ Family _____ Self-Care _____ Meal Planning _____ Spiritual Practice

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Please mark Yes or No for the following conditions. If it was a health concern in your past, mark 'P' and the year.

Are you pregnant? _____ When are you due? _____ Who is your midwife/doctor? _____

When was your last Sigmoid or Colonoscopy? _____ What were the results? _____

Who was your GI doctor? _____ Do you have diabetes? _____

Acute Fecal Impaction _____ Parasitic Infections _____

Irritable Bowel Syndrome _____ Constipation _____

Colitis _____ Mucous Colitis _____

Diverticulosis (Pocket Outward Pouching) _____ Diverticulitis (Infected Pocket) _____

Hyper / Hypothermia _____ Kidney Insufficiency or Failure _____

Crohn's Disease _____ Ulcerative Colitis _____

Severe Hemorrhoids _____ Acute Fistula _____

Rectal Fissure _____ Intestinal Ulcers _____

Bleeding Colitis _____ Aneurysm _____

Gastro-Intestinal Hemorrhage or Perforation _____ Recent Abdominal Liposuction _____

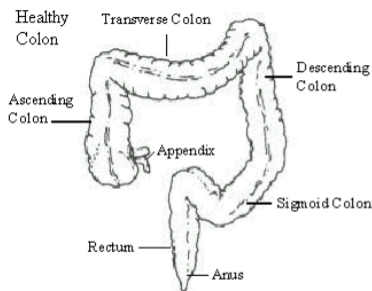
Recent Colon or Rectal Surgery _____ Other Recent Surgery _____

Abdominal Radiation _____ Acute Inflammatory Pathology of the Colon _____

Congestive Heart Failure _____ Cirrhosis of the Liver _____

Do you have a hernia? _____ Where? _____ Has it been patched? _____

Please shade in any areas that are a current or past concern on the below diagram, and initial after reading the box below: Initial here: _____ List all known allergies _____



Contraindications - Who would **NOT** be a candidate for colon hydrotherapy treatments? If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor. If you are diagnosed with lupus, diverticulitis, ulcerative colitis, Crohn's disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an abdominal hernia, have had recent colon surgery or renal insufficiency then you would **NOT** be a candidate for colon hydrotherapy treatments. Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy and under the direct supervision and advice from their physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

What are you hoping to attain from your Colon Hydrotherapy sessions? _____

Do you have any health symptoms you would like to improve? _____

How do you feel today? _____

Be aware that every therapy, service, and product described or presented at Alder Brooke is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.

I, _____ agree that the above information is accurate to the best of my knowledge. I give Alder Brooke Healing Arts practitioners permission to share information with each other and the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I understand and agree to the terms of the Client Agreement, Payment Policies, and Honoring Our Professional Relationship sections below. I have read contraindications for colon hydrotherapy section above and I hereby agree that I am responsible for my health and the services received here.

Client Signature _____ Date _____

Client Agreement

I have not been diagnosed with any contraindications for colon irrigation (see Contraindications section above). I am aware that colon irrigation and enema device facilities are NOT physicians and therefore does not INSERT, diagnose, or prescribe. I am aware that adverse events such as perforations, 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 agree that the information I have given is accurate to the best of my knowledge. I give Alder Brooke Healing Arts permission to share information with the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I have read and agree to the Informed Consent, Disclaimer, and Alder Brooke Healing Arts Guidelines & Policies sections below. I have read the contraindications for colon hydrotherapy section above. I hereby agree that I am responsible for my health and the services received here. I am aware of my 9th Amendment Rights to practice alternative health modalities. I confirm that I am 18 years of age or older.

Informed Consent

I am not intentionally withholding medical information from the facilitator that is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects that have been explained to me. All of my questions have been answered and I agree to participate with this session.

Disclaimer

Every therapy, service, and product described or presented at Alder Brooke is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.

ALDER BROOKE HEALING ARTS GUIDELINES & POLICIES

- ♥For woman on their menstrual cycle: It is perfectly fine to have colonics during menstruation.
- ♥Please remove any feminine hygiene products prior to getting onto the device.
- ♥Please help keep this a chemical free space and avoid the use of perfumes, products or smoking of any sort prior to your visit. Thank you for considering others.
- ♥Please arrive in a calm, relaxed state on time for your appointments. Thank you!
- ♥Please respect our scheduled appointment time. I request 48 hours notice if you wish to reschedule or cancel. Appointments rescheduled or canceled less than 48 hours in advance will be considered a missed appointment and the full fee is still expected.
- ♥If you have any questions or concerns before this appointment, please call me.

Many blessings of health and joy to you! Tara Alder, CEO/Health Inspiration



Payment Policies

Please note all payment is due at the Time of Service.

I do not accept advanced payments more than 24 hours prior to appointment.

No refunds for services or products.

♥ Initial visit (up to 2 hours) includes a consultation and first colonic: **\$222**.

Subsequent visits are: **\$150** for up to 1 hour

♥ Please Note: Fee increases for additional time at the Alder Brooke facility.

Rates at Alder Brooke Healing Arts:

\$150 for up to 1 hour.

\$188 for up to 1.5 hours.

\$222 for up to 2 hours.

♥ Gratuity/tips are welcome, appropriate and appreciated.

♥ Consultations are by half hour increments.

\$88 for up to half an hour.

\$150 for up to 1 hour.

Phone/Zoom sessions cost an additional fee of **\$44** an hour.

♥ Cash and checks are preferred. We also accept MasterCard, VISA, Discover, and American Express.

♥ Promptness is expected and appreciated. If you expect a delay, I expect you to notify me. Understand that in the event of a delay, a shortened appointment time may be necessary, in which case the full service fee is still expected. Please arrive no more than 5 minutes early or 5 minutes late. Thank you for honoring both of us by honoring our scheduled time!

♥ I request 48 hours notice if you wish to reschedule or cancel. Appointments rescheduled or canceled less than 48 hours in advance will be considered as a missed appointment and the full fee is still expected.

♥ I do not bill insurance. For clients who wish to bill their insurance provider directly, please request codes and a referral from your doctor or other health care provider. Full fee is expected at the time of service, I can provide a written receipt **upon request** at the time the appointment is scheduled.

Business Hours

♥ Monday – Friday 8am to 5pm

♥ For service outside of our regular business hours there is an additional fee of **\$44** an hour. Please call for availability.

Honoring Our Professional Relationship

Dear Guests of Alder Brooke Healing Arts,

Thank you very much for respecting my payment policies, my professional time and my space! You can count on me to assist you in getting started on your scheduled session right away upon arrival. I respect you and your time too!

I appreciate you self-enforcing these policies, so I am allowed to maintain my focus on high quality service and care. I am a compassionate person, empathetic to individual issues, financial issues and unexpected emergencies. I have these policies in place to ensure that both you (as my guest) and I can be assured of your well-being and our mutual respect, and to promote a clear understanding of what you can expect during our scheduled appointment times.

As a healing arts practitioner, it is my paramount obligation to provide the safest possible environment for myself, my staff, and my guests. Therefore, I request that each guest take responsibility for their health and support Alder Brooke Healing Arts by ensuring full health before arrival at our facility. Consider minimizing public contact for 72 hours before your scheduled appointment time. If you are exposed to anything that may harm me or others, please cancel your appointment immediately. Thank you for honoring our shared sacred space and the interpersonal nature of our relationship. Thank you for honoring our policy to pay the full appointment fee if you cancel or reschedule with less than 48 hours notice.

I find it pleasurable to develop personal relationships with my guests over time. I often very much enjoy our conversations and may occasionally invite you to be my guest outside of regular scheduled appointments for social events such as "healthy happy hours, or spontaneous sisterhood support circles." See my e-mail newsletters for special invitations to gather socially. Other than these special occasions, I do not have relationships with guests outside of regular business. I do not take personal calls, texts or appointments from guests of Alder Brooke.

I thank you from my heart for respecting the care, effort and trust I maintain to conduct a healing arts practice in support of your health, my family and myself. Your ongoing support has enabled me to offer my services since 2000. I look forward to continuing to offer our community this unique service while maintaining the highest possible standards of care for all.

With love and gratitude,

Tara Kahewaialoha Alder
Alder Brooke Healing Arts