



## Personal History Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home zip code: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_

Why have you chosen to have a colonic at this time? Please check all that apply:

doctor prescribed \_\_\_ 9th amendment right to self treat \_\_\_ other \_\_\_\_\_

**\*contraindications: Have you ever been diagnosed with any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> abdominal hernia  | <input type="checkbox"/> colitis                       |
| <input type="checkbox"/> abdominal surgery   | <input type="checkbox"/> dialysis                      |
| <input type="checkbox"/> abdominal distention  | <input type="checkbox"/> diverticulosis/diverticulitis |
| <input type="checkbox"/> acute liver failure   | <input type="checkbox"/> fissures/fistulas             |
| <input type="checkbox"/> aneurysm (all types)  | <input type="checkbox"/> hemorrhoidectomy              |
| <input type="checkbox"/> carcinoma of the colon  | <input type="checkbox"/> intestinal perforations       |
| <input type="checkbox"/> chrohns disease   | <input type="checkbox"/> lupus                         |
| <input type="checkbox"/> are you currently on any medications<br>that may weaken the intestinal walls? | <input type="checkbox"/> pregnant (due date _____)     |
| <input type="checkbox"/> renal insufficiencies   |  |
| <input type="checkbox"/> rectal or colon surgeries   |  |

*If any of these conditions have occurred within the past twelve (12) months, call us prior to scheduling your colonic.*

Please check any of the following you have recently experienced

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> B/M Painful / Difficult | <input type="checkbox"/> Bladder Infection | <input type="checkbox"/> Blood in Stool      |
| <input type="checkbox"/> Burning/Itching Anus    | <input type="checkbox"/> Heart Trouble     | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Hemorrhoids             | <input type="checkbox"/> Rectal Bleeding   | <input type="checkbox"/> Recent Barium Enema |
| <input type="checkbox"/> Recent Colonoscopy      | <input type="checkbox"/> Vomiting          | <input type="checkbox"/> Laxatives           |

How often do you have bowel movements? \_\_\_\_\_

Any other symptoms? (HIV, positive, Hepatitis A, B, or C, etc.) \_\_\_\_\_

Are you under a physician's care?  If yes, please explain. \_\_\_\_\_

Have you had any surgical procedure within the past year? \_\_\_\_\_

I have not been diagnosed with any contraindications for colon irrigation (\*see above). I am aware that colon hydrotherapists are not medical doctors and therefore do not *insert, diagnose, or prescribe*. I am aware 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 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.

Client signature: \_\_\_\_\_



## Informed Consent

I the undersigned, am in full agreement that colonic irrigation is not a proven method, cure, or treatment of disease or condition, nor has it been portrayed as such. Colon irrigation in this facility is a self-administered procedure where I, as the user of the device, am solely responsible for my own actions and release liability regarding my health issues.

The device being utilized in this facility is a FDA Registered Class II gravity device that can be used prior to endoscopic procedures.

I understand I will self insert my own speculum and will be in full control of the procedure. I am aware that not all states have laws governing the use of colon irrigation / enema devices. The facility I have chosen to visit is aware of the laws governing the facility at the time I sign this waiver of consent and that at anytime those laws can change and neither, I, my family, nor my representative(s) will hold the equipment manufacturer, facility or their employees responsible for my personal choice to receive colon irrigation at this facility nor hold them liable for any changes or variations of the law after the time of my dated signature below. All results of my session(s) are contributive to research and the utilization in future programs of Self Health Aid, while preserving my privacy, and waive any liability on behalf of the technician serving me.

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Client Signature

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Date

770-454-1363

**General Information (assign a value of 1, least severe, - 10, high concern, to each symptom)**

- \_\_\_ Acne
- \_\_\_ Allergies
- \_\_\_ Belching Gas
- \_\_\_ Blood in Urine
- \_\_\_ Boils
- \_\_\_ Bruise easily
- \_\_\_ Chest Pain
- \_\_\_ Chills
- \_\_\_ Constipation
- \_\_\_ Depression
- \_\_\_ Diarrhea
- \_\_\_ Difficult breathing
- \_\_\_ Dry skin
- \_\_\_ Excessive hunger
- \_\_\_ Fainting
- \_\_\_ Fever
- \_\_\_ Frequent Urination
- \_\_\_ Gall bladder trouble
- \_\_\_ Insomnia
- \_\_\_ Itching
- \_\_\_ Jaundice
- \_\_\_ Kidney problems
- \_\_\_ Liver trouble
- \_\_\_ Nausea
- \_\_\_ Nervousness
- \_\_\_ Overweight
- \_\_\_ Pain over abdomen
- \_\_\_ Parasites
- \_\_\_ Poor appetite
- \_\_\_ Skin eruptions
- \_\_\_ Sweats

**Habits**

How many hours of sleep do you get nightly? \_\_\_\_\_

How many days a week do exercise? \_\_\_\_\_

How many glasses of water do you drink daily? \_\_\_\_\_

How many servings of fruits do you eat daily? \_\_\_\_\_

How many servings of vegetables do you eat daily? \_\_\_\_\_

How many servings of whole grains do you eat daily? \_\_\_\_\_

What types of food do you eat routinely? \_\_\_\_\_

Do you use any of the following on a daily basis? \_\_ alcohol \_\_ coffee/tea \_\_ sodas

Do you take daily (vitamins, minerals, herbs, etc.) \_\_\_\_\_

List you top three (3) reasons for using this service at this time

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

What is your #1 wellness goal at this time? \_\_\_\_\_



## FOR BEST RESULTS AFTER YOUR COLONIC

1. **Add probiotics (ask for Chewable Acidophilus w/bifidus)** as part of your ongoing preventive wellness strategy. *“Probiotics are products containing the helpful bacteria that normally inhabit the human digestive tract. In the intestinal tract, these beneficial microbes help complete the digestive process, and some actually produce vitamins. There's even evidence that without them, the immune system can't work properly, lessening resistance to infection, according to Dr. Andrew Weil.”* If you are lactose-intolerant, ask for a non-dairy version. **\$8-10**

Also, papaya **digestive enzymes**. These will be helpful with digestion by assisting in breaking down food to increase availability of nutrients. [Note: Those with gastritis (stomach inflammation) should consult their physician prior to taking digestive enzymes.] **\$8-10.**

2. **After a colonic you should eat light/soft foods.** Cooked vegetables, soups, chicken, turkey, fish and fruit are fine, but chew thoroughly. **Avoid eating** red meat, and dairy **for 4 hours**. After four (4) hours, you can resume normal eating.

3. *Increase your consumption of certified organic whole grains.* Two excellent choices are *Purely O's* by Cascadian Farms and *Kashi Go Lean* by Kashi. You can find these in the health food section of most major grocers. Also, try **Hemp, Almond, Oat, Rice, or Hazelnut milk**, which are all non-dairy alternatives widely available in the health food section of your grocer. There is a growing argument against soy. For more information, google, *The Whole Soy Story*.

*Note: Colonics are intended to serve a dual purpose: 1) to cleanse the organ by removing toxic waste, and 2) to strengthen the muscle itself. If you are not regular, it may be reasonable to assume, your colon muscle is sluggish. Therefore, you will very likely not have another movement the day of your colon cleanse. If you do have a sluggish colon muscle, you may not have another well-formed movement for several (2-4) days afterwards. This is because with a weak colon muscle you may not be able to move waste through its 6 ft. length efficiently.* You will usually resume normal bowel activity from 1 to 5 days after a colon cleanse.

**Do an initial series of three (3) colonics within a 10 day period, then do a natural liver/gallbladder cleanse, followed by a maintenance colonic every 30 days until you achieve a cleaner and more toned colon.** These steps along with small gradual changes in diet, exercise, and stress management can be critical to your wellness. The vast majority of clients notice positive differences in their symptoms over time. Please see the testimonials at our website [www.nilewellnesscenter.com](http://www.nilewellnesscenter.com). **\*Please note: We are Ph.D.s - not medical doctors,** as such we do not diagnose, prescribe or claim to cure any ailment. All of our information is for *educational purposes only.*