



1823 S. Dogwood · Kokomo, IN 46902 · 765-453-3828  
www.naturesbestnews.com

Please complete the Health Questionnaire prior to your scheduled appointment and bring with you!

## Colon Hydrotherapy Health Questionnaire

Today's Date: _____	Referred By: _____
Name: _____	M ___ F ___ Birthdate ___/___/___ Age: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____ Occupation: _____
Height: _____	Weight: _____ Marital Status: S ___ M ___ D ___ W ___
Primary phone: (____) _____	Secondary phone: (____) _____

List briefly your expectations for this appointment/consultation (what do you want to occur):

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List your main health concerns and state briefly how long each has been an issue for you:

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List all medications and/or supplements that you are currently using (please include why you are taking them if possible). Be sure to include non-prescription medications such as aspirin, laxatives, vitamins, minerals, homeopathic, herbs, etc.

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Have you had any kind of surgery in the past year? Any abdominal surgery at any time? If so, please list the date & type of surgery. \_\_\_\_\_

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Are you currently under medical treatment elsewhere for any specific health issue? If so, please list the health issue and the treatment you are undergoing:

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***Please check the box that best describes your health in regards to the following:***

	<b>No Problem</b>	<b>Low Concern</b>	<b>Moderate Concern</b>	<b>Serious problem</b>
<b>Mental clarity</b> <i>(forgetfulness, brain fog)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stress Level</b> <i>(daily, work, life)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Headaches</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Backaches &amp; Joint Pains</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anxiety/ Depression</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Digestive Issues/ constipation- diarrhea</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Immune System</b> <i>(Do you get sick easily?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***The nutritional and health information provided by Laurie Ousley, Naturopathic Doctors, during any consultation, meeting, in newsletters, or handouts is based on personal experience, research and experiences of their clients. This information is to be used for educational purposes. It is to help you make informed decisions regarding the state of your health and how your lifestyle choices affect your health. Because there is always some risk involved when changing diet and lifestyle, please do not apply this information unless you are willing to assume the risk. If you choose to use diet and lifestyle changes as a form of treatment for illness or disease without the approval of a medical physician, you are prescribing for yourself, which is your constitutional right.***

I agree to accept the terms of this disclaimer and acknowledge that any information I receive from Laurie Ousley, Naturopathic Doctors, is to be used for educational purposes in order to assist me in making the best decisions concerning my own health. I acknowledge that she is not a Medical Doctor and that she will not prescribe or diagnose any disease or condition. I agree to accept all responsibility for any decisions I choose to make concerning the self-prescription of any treatments that may be discussed and will not hold them liable for my decisions or the results of those decisions. To the best of my knowledge, all of the preceding answers are true and correct. If any changes in my health or medications occur, I will inform Dr. Laurie Ousley, at my next appointment

***Client Name:*** \_\_\_\_\_ ***(please print)***

***Client Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



## ***Indications for Colon Cleansing/Hydration***

Colon Cleansing/Hydration may be beneficial for the following:

Abdominal Distention/Flatulence Hemorrhoid (mild to moderate) Intestinal Toxemia Diverticulosis Mucous Colitis	Preparation for diagnostics of the large intestines:  Pre-colonoscopy Sigmoidoscopy Barium Enema	Constipation  Colitis  Diarrhea Parasitic Infections Balance Physiologic Flora of Large Intestines
Fecal Impaction		

## **Contraindications**

The Following is a list of contraindications to Colon Cleansing/Hydration. If you have ever been diagnosed with ANY of these conditions a colonic should not be administered OR should be used with CAUTION. A Doctors prescription/ release MAY be required.

Abdominal Hernia Abdominal Surgery (Recent) Acute Liver Failure Anemia (severe) Aneurysm Carcinoma of the Colon Severe Hemorrhoids	Severe Cardiac Disease (uncontrolled hypertension) Cirrhosis Crohn's Disease Ulcerative Colitis Colon Surgery Colon Surgery Dialysis Patient	Fistulas and Fissures GI Hemorrhaging/Perforation Lupus Pregnancy (1 <sup>st</sup> Trimester & advanced) Rectal Surgery Renal Insufficiencies
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Client Name: \_\_\_\_\_ (please print)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Our Financial Policy:**

Thank you for choosing Nature's Best Wellness Center, LLC as your colon rejuvenation provider. We are committed to your colonic session being successfully completed. Please understand that the payment on your bill is the only way we can continue to provide the best quality service.

The following is a statement of our financial policy, which we would like you to read and sign at the bottom. **We require full payment at the time of service.** We accept cash, personal checks, MasterCard, and Visa. There will be a \$30 charge added on all returned checks.

### **Missed/Late Appointments:**

Unless canceled at least 48 hours in advance, it is our policy to charge for missed appointments at the rate of the appointment -- unless we are able to fill the opening from our waiting list. Please help us by keeping your appointment.

Late arrival for a scheduled appointment will be accommodated whenever possible: however, due to scheduling of other clients a full colonic session may not be given to the client that has arrived past a scheduled appointment time.

### **Service Policy:**

Nature's Best Wellness Center, LLC reserves the right to refuse to offer our services to individuals that we feel *may* be contraindicated to colon hydrotherapy. Clients that we feel are out of our scope of practice may *not* receive services at Nature's Best Wellness Center, LLC without express written original prescription from a medical practitioner.

### **Packages:**

Nature's Best Wellness Center, LLC offers colonic packages for discounts on the normal single price. The number of sessions and prices of packages may change.

**All packages are non-refundable and non-transferable.**

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

Curing disease or any other illness is between you and your healthcare/medical professional. NBWC staff do not treat any diseases or illnesses nor do any of our staff make any diagnosis of any illness. NBWC staff are not medical doctors and are not attempting to portray themselves or conduct the activities of medical doctors.



## INFORMED CONSENT – COLON HYDROTHERAPY

I, the undersigned client, authorize Laurie Ousley, ND or other Certified Colon Hydrotherapists at Nature's Best Wellness Center, LLC to administer Colon Hydrotherapy sessions. Colon hydrotherapy is a service, not a treatment, and is not intended to be a substitute for careful medical evaluation and treatment by a competent, licensed personal health care professional. Laurie Ousley, ND and employees are not physicians and therefore are not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risks of Colon Hydrotherapy as described below:

**COLON HYDROTHERAPY** (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, mucus, harmful toxins and bacteria. The client positions himself/herself on a single-use, disposable sterile rectal nozzle and filtered and sterilized water is run slowly into the colon under control of the client. During one 40-minute session a total of approximately ten (10) gallons of water gently flow into and out of the large intestine. **By signing below, client acknowledges full instructions for use have been given.** Nature's Best Wellness Center, LLC uses an open Colon Hydrotherapy system, which allows the client as much privacy as s/he desires. The Colon Hydrotherapist is *always available* to be present in the room with the client during each session as per the client's expressed wishes.

**Potential risks/possible complications** of hydrotherapy include aggravation of symptoms existing prior to the session, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur. Contraindications include severe cardiac disease, severe anemia, GI hemorrhage/perforation, severe hemorrhoids, cirrhosis, carcinoma of the colon, fissures/fistulas, advanced pregnancy, abdominal hernia, recent colon surgery (within 6 months), and renal insufficiency. ***If you have any of these conditions or are taking any medications, you must advise Nature's Best Wellness Center, LLC Staff and consult with your personal health care professional before having any service.*** We will review your questionnaire at the first visit before you receive Colon Hydrotherapy to determine whether or not this service is appropriate for you.

- I understand the purpose and potential benefits of colon hydrotherapy, and that it is a wholly elective service.
- I realize no guarantee as to the results that may be obtained has been given to me by Laurie Ousley or any employee of Nature's Best Wellness Center, LLC.
- An offer has been made to answer my questions about colon hydrotherapy and all questions have been answered to my satisfaction.
- I understand and freely accept the potential risks/possible complications of colon hydrotherapy.
- I freely and voluntarily consent to this service.
- I hereby release Laurie Ousley, employees, and Nature's Best Wellness Center, LLC from any and all liability that may occur in connection with the colon hydrotherapy service.
- I understand I am free to withdraw my consent and to discontinue participation in this service **at any time.**

Signature of Client (or of Guardian if under age 18): \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_