

# Confidential Personal Health History for Nature's Best Wellness Center

|                         |               |   |                                  |
|-------------------------|---------------|---|----------------------------------|
| Today's Date: _____     |               | Referred By: _____                      |                                  |
| Name: _____             |               | M ___ F ___                             | Birthdate ___/___/___ Age: _____ |
| Mailing Address: _____  |               |   |                                  |
| City: _____             |               | State: _____                            | Zip: _____ Occupation: _____     |
| Cell Phone (____) _____ |               | Email: _____                            |                                  |
| Height: _____           | Weight: _____ | Marital Status: S ___ M ___ D ___ W ___ |                                  |

## General Health Information

Your primary health condition for using this service? \_\_\_\_\_

Your 3 Health Goals? \_\_\_\_\_

Have you had professional Colon Hygiene/colon hydrotherapy sessions before? \_\_\_\_\_

List medications that you are currently using and purpose: \_\_\_\_\_

List any surgeries you have had in the past 3 years? \_\_\_\_\_

Types of supplements you use on a regular basis? Please *Circle*.

Minerals -- Vitamins -- Herbals -- Homeopathy -- CBD/Hemp Oil -- Probiotics -- Digestive Enzymes -- Laxative support -- Hormone -- Essential oils -- Green Drinks -- Protein Drinks -- Other \_\_\_\_\_

Do you use any of the following **daily**? Please *Circle*.

Alcohol -- Tobacco -- Coffee -- Tea -- Soda/Pop -- Energy Drinks

### MACRO HABITS OF HEALTH:

SLEEP: Hours Daily \_\_\_\_\_? Is Your Sleep Troublesome? Y or N \_\_\_\_\_

Circle items in bedroom while you sleep. TV -- Computer -- Cell Phone -- Light

WATER: How many ounces do you drink per day? \_\_\_\_\_ Do you track? Y or N Type? \_\_\_\_\_

FOOD: Sensitivities/Allergies? \_\_\_\_\_ How many meals and or snacks do you eat per day? \_\_\_\_\_

How many times per week do you eat at restaurants or carry-out? \_\_\_\_\_ Do you use a microwave? Y or N

POSITIVE ATTITUDE/EMOTIONS: Do you feel they are in balance? \_\_\_\_\_

STRESS: Where do you rate your stress from 1-10? \_\_\_\_\_ What is your biggest stressor? \_\_\_\_\_

EXERCISE: How often do you walk or run per week? \_\_\_\_\_ Other Exercise? \_\_\_\_\_

FRESH AIR: How many days per week do you spend 15-20 minutes outside? \_\_\_\_\_

### BOWEL HEALTH

Movement Frequency *Circle*: -- Daily -- 3-4 times/week -- 1-2 times/week -- Less than 1X/Week --- Must strain

Movement Type -- *Circle all that apply*: Sausage-like -- Pencil shaped -- Loose -- Hard small balls -- Painful -- Sticky

**Circle** the **Digestion Issues** you have experienced in the last 30 days.

- |                     |                   |                     |                                 |
|---------------------|-------------------|---------------------|---------------------------------|
| Bloating, Gas       | IBS or IBD        | Bloody/Black Stools | Food allergies or sensitivities |
| Belching            | Rectal Itching    | Heartburn           | Parasites                       |
| Gallbladder Trouble | Diverticulosis    | Acid Reflux         | Candida/Yeast                   |
| Hemorrhoids         | Diarrhea          | Hernia              | Heartburn                       |
| Constipation        | Tired after meals | Ulcers              |                                 |
| Colitis             | Abdominal pain    | Crohn's Disease     |                                 |

## INFORMED CONSENT - COLON HYDROTHERAPY

*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 has been given. Nature's Best Wellness Center, LLC uses a gravity-fed Water Lily colon hydrotherapy system, which allows the client as much privacy as s/he desires. The Colon Hydro-therapist is always available to be present in the room with the client during each session as per the client's expressed wishes.*

**Indications for Colon Cleansing/Hydration** - Colon Cleansing/Hydration has been shown to be beneficial for any the following:

|                             |                               |   |
|-----------------------------|-------------------------------|---|
| Abdominal Distention        | Fecal Impaction               | Diagnostic Preparation of Large Intestines: |
| Hemorrhoids (mild-moderate) | Diarrhea                      | Pre-colonoscopy                             |
| Constipation                | Parasitic Infections          | Sigmoidoscopy                               |
| Intestinal Toxemia          | Imbalance of Intestinal Flora | Barium Enema                                |
| Colitis                     | Prevention                    |   |

**Contraindications:** If you have ever been diagnosed with ANY of these conditions a colonic should not be administered without a doctor's prescription/release. Nature's Best Wellness Center 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. Check any that pertain to you.

|                            |                        |                       |   |
|----------------------------|------------------------|-----------------------|---|
| Abdominal Hernia           | Carcinoma of the Colon | Dialysis Patient      | Pregnancy(1 <sup>st</sup> Trimester & advanced) |
| Abdominal Surgery (Recent) | Severe Hemorrhoids     | Diverticulitis        | Colon or Rectal Surgery                         |
| Acute Liver Failure        | Severe Cardiac Disease | Fistulas and Fissures | Renal Insufficiencies                           |
| Anemia (severe)            | Cirrhosis              | GI Hemorrhaging       |   |
| Aneurysm                   | Crohn's Disease        | GI Perforation        |   |
|                            | Ulcerative Colitis     | Lupus                 |   |

I, the undersigned client, authorize Laurie Weirauch or other Nature's Best Wellness Center, LLC staff 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. Nature's Best Wellness Center, LLC and their 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:

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. *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 communicated to me by Laurie Weirauch 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 Weirauch, her 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.

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