

**CLIENT HEALTH INFORMATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_  
 Business/Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 How did you hear about us: \_\_\_\_\_  
 How do you want your reminder? E-mail: \_\_\_\_\_ Text: \_\_\_\_\_ Both: \_\_\_\_\_ OR Phone call: \_\_\_\_\_

**HEALTH INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

<b>Are you experiencing any of the following conditions:</b>				
Constipation: _____	Bowel Gas: _____	Headaches: _____	Hemorrhoids: _____	Menstrual problems: _____
Heartburn: _____	Indigestion: _____	Bloating: _____	Slow Healing: _____	Poor concentration: _____
Overweight: _____	Cellulite: _____	Candida: _____	Aching joints: _____	Allergies/Asthma: _____
Bruise easily: _____	Diarrhea: _____	Acne: _____	High stress: _____	Water retention: _____

**Do you have?**

High blood pressure: __	Controlled by meds: __	Uncontrolled: __	Controlled by diet: __	CHF: __
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Heart problems (please indicate) \_\_\_\_\_

**Health habits: How often do you use any of the following? D –daily: O –occasionally: R -rarely: N -never**

Laxatives \_\_\_\_\_ Cigarettes \_\_\_\_\_ Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Sodas \_\_\_\_\_ Antacids \_\_\_\_\_  
 Chew Gum: \_\_\_\_\_ Aspirin / Motrin \_\_\_\_\_

**Dietary habits: D –daily O- occasionally R –rarely: N - never**

How often do you eat: Red Meat \_\_\_\_\_ Dairy products \_\_\_\_\_ Whole grains \_\_\_\_\_ Vegetables \_\_\_\_\_ Fruit \_\_\_\_\_  
 Refined foods ( white bread, white rice, pasta, cookies) \_\_\_\_\_ Sweets/ desserts \_\_\_\_\_ Fast food \_\_\_\_\_

How many glasses of water do you drink daily?

Do you take vitamins, herbs or homeopathic medicines? Please specify

Do you take any medications? please specify

Number of bowel movements each day \_\_\_\_\_ or week \_\_\_\_\_

**Have you been diagnosed with any of following :**

Irritable bowel disorder (IBS) \_\_\_\_\_ Colitis: \_\_\_\_\_ Crohn’s Disease: \_\_\_\_\_ Diverticulitis \_\_\_\_\_ Severe Hemorrhoids \_\_\_\_\_  
 Fissures \_\_\_\_\_ Colon Cancer \_\_\_\_\_

**Are you Pregnant?** \_\_\_\_\_ Are you breast feeding? \_\_\_\_\_

Have you had abdominal surgery within the past year and do you have physician approval to have colon hydrotherapy? \_\_\_\_\_

If yes please specify \_\_\_\_\_

Other major surgeries? \_\_\_\_\_

**Why did you come to see us today?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you Body Basics

## **Notice Designed to Comply with the State of California Guidelines in the Business and Professions Code of the State of California Section 2053.6**

All clients must read, understand and sign this disclosure.

Colon Hydrotherapy services provided at this center comply with Section 2053.6 to the business and professions code of the state of California. In compliance with this code you must be advised:

**A)** There are no licensed physicians at this center and the individual performing colon hydrotherapy is only a colon hydrotherapist...they are not a physician. This means and implies that they cannot and will not:

- Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
- Administer or prescribe x-ray radiation to another person.
- Prescribe or administer legend drugs or controlled substances to another person.
- Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
- Willfully diagnose and treat a physical and mental condition of any person under any circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness or death.
- Set fractures.
- Treat lacerations or abrasions through electrotherapy.
- Hold out, state, indicate, or imply to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.

**(B)** Colon Hydrotherapy is an alternative or complementary to healing arts services licensed by the state.

**(C)** The services of Colon Hydrotherapy and the therapist that provide the services are only Certified and not licensed by the state.

**(D)** The session of colon hydrotherapy includes the following procedures:

- Warm water will flow into the colon softening the fecal material which will be released through normal peristalsis into disposable equipment and then into the sewer.
- Your dignity and modesty will be maintained at all times.
- The session will last 30 -40mins.

**(E)** The theory of treatment upon which colon hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, many cultures and societies believe that a clean colon can enhance the health of an individual. This started thousands of yrs ago with the simple enema and has evolved into the present day colonic. Many people report they feel better after a colonic. There are a growing number of health care practitioners that believe in the concept of auto-intoxication, that a sluggish bowel, one that is not regular allows the body to reabsorb toxins from the colon. This may or may not have validity, but we do know that there is an increased level of toxins in our environment and common sense tells us that anything we can do to assist the body in ridding itself of harmful toxins should have some value.

**(F)** Our therapists have been trained by I-ACT the International Colon Therapy Association standards and follow their guidelines. They are certified at the Foundation level and some have been in practice for 20 yrs. You may validate this information by going to the I-ACT website at [www.i-act.org](http://www.i-act.org) .

I acknowledge that I have read the above disclosure and can request a copy of this document. This information was provided to me in a language that I can read and understand.

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Client Signature

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Date

## BODY BASICS CANCELLATION / REFUND POLICY

***Dear Clients,***

### **Cancellations**

As a courtesy to other clients and therapists, appointments must be cancelled 24 hours in advance. You are charged in full for all scheduled appointments, unless the office is able to reschedule your time. **No-shows will be charged in full. Late cancellation fee of \$35.00 will be charged for appointments cancelled with less than 24 hours notice.**

***The day before your appointment*** As a courtesy, we always try to give you a reminder call, text or e-mail to confirm your appointment. If we do not speak directly to you we will always try to leave you a message, if we cannot do this it is still your responsibility to remember your scheduled appointment.

***What if I arrive late?*** Arriving late to your appointment will simply limit the time for your session. Your session will end on time so that the next client will not be delayed. If you arrive late, it is your choice whether you prefer to receive a shortened session or pay for the appointment and reschedule.

Thank you for understanding this is how we earn our living. Please know last minute cancellations and no-shows prevent other clients from access to an appointment, leaving a gap in our schedule and a loss of income for us.

### **Refunds**

We will happily refund payment on all unopened and undamaged products. Products must be returned to our office within 14 days. Products that have been opened, used or damaged will not receive a refund.

### **Expiration**

Pre paid, "series of four" colonics and gift certificates will be honored at the pre paid rate for 1 year from date of payment. The balance of any sessions will be adjusted to the current rate. We recommend that you use all four of your sessions within 1 year. Colonic sessions are not transferable.

Refunds on colonic sessions will be handled on an individual basis.

Please sign below to let us know you understand and agree to these policies.  
Thank you Body Basics.

Signed:

Date:

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