

Colon Care, LLC Intake Form
All Information Kept Strictly Confidential

Name: _____ **Birth Date:** _____ **Age:** _____

Address: _____

Cell Phone: _____ **Home Phone:** _____

Email: _____ (invitation for classes/gift certificates)

Occupation: _____

Referred by: _____

Physician: _____

Ever done Colon Hydrotherapy before? If so where/when _____

Bowel Movement Today: Yes or NO **How many Bowel Movements per day?** _____

Use Laxatives if so what kind and how often: _____

Allergies? _____

Are you on Steroids, Blood Thinners, Lithium, Antidepressants? If so what:

Other Prescriptions? _____

If Drink Alcohol, Circle Alcohol Type: Beer, Wine, Liquor,

Alcohol Amount: None Daily 1x week 2x+ Weekly Monthly

How many drinks at a time? _____

Do you have or ever have had, Cancer: (type and year) _____

Colonoscopy (if so when?) _____

Surgery (if so, when?) includes C-Section, Hysterectomy, Appendectomy, Gall Bladder, Hernia, Breast Implant/Reduction, Laparoscopy, Heart Surgery/Stint, Goiter Removal, Other...

Physician Diagnosis: _____

Any chance you could be pregnant? Yes or No.

Are you Nursing? Yes or No

Below is a list of health conditions. Please check any that apply to you currently:

- | | | | | |
|----------------------------------|-------------------|--------------|-------------------|----------------|
| Constipation | Diarrhea | Tremors | Rectal Bleeding | Acid Reflux |
| Gas/Bloating | Nausea | Vomiting | Abdominal Pain | Indigestion |
| Skin Rashes | Headache | Migraine | Fever | Flu/Cold/Sinus |
| Sweats | Allergy | Dizziness | Seizures | Epilepsy |
| Fatigue | Sleep Disturbance | Depression | Numbness/Tingling | Stomach Ulcer |
| Anemia | Stroke | Hypertension | Asthma | Liver Issues |
| Cancer | Hepatitis | Crohn's | Colitis | Heart Issues |
| Shortness Breath | Diabetes | Arthritis | Bladder Infection | Kidney Issues |
| Gall Bladder or Appendix Removed | | Yeast Inf. | Hernia | Parasites |

Health Conditions not listed : _____

Your #1 Health Goal or Concern at this Time? _____

Anything about you that I should know? _____

We do not diagnose, treat or prescribe. In the event that you use this information without your doctor's approval, you are prescribing for yourself, which is your constitutional right. We assume no responsibility. You assume all risk.

Please Sign below stating that the information on this form is accurate and complete.

Signature of Client

Date Signed

Colon Care, LLC Policies

Payment and Fees: Payment is due at the time of service. We will not bill you or any third party. We accept Cash, Check, VISA or Master Card. Fees are posted and subject to change.

New Client Fees: \$260 (\$145 for first visit and \$115 for followup)

Established Client Fees: \$115

Scheduled Appointments: Your session begins and ends at the scheduled time regardless of when you arrive at the clinic. If you are 15 minutes late, your appointment may be canceled and the full fee will be charged.

Reschedule/Cancellation Policy: 48 hour notice required to cancel or reschedule and weekends do not count. If you do not show up for an appointment, or if you give less than 48 hours notice, full fee will be charged. If you have a package and do not give a minimum 48 hour reschedule notice, session will be recorded to your account. *We understand things come up in life, but we humbly ask you to honor your appointment with us. If something comes up in life for us, we will also honor your appointment, so that if we fail to show up for your appointment, will give you your next session FREE of charge.*

Package Purchases: Does not include the New Client First Session. Package sessions must be used within one year of the purchase date. All unused sessions are void at one year from the date of purchase. You may give a treatment to an established client. You may not give a package treatment to a client who has never received the service. The recipient must book the appointment. No refunds.

Gift Certificates: Gift Certificates are available and expire 1 year from the date of purchase. There are no credits or refunds given for unused gift certificates.

Returned Check: a \$30.00 Fee is charged for all returned checks.

**WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.
ALL SALES ARE FINAL. THERE ARE NO REFUNDS.**

Signature _____

Date: _____

INFORMED CONSENT FORM for Colon Care, LLC

I, _____, **the client**, have been informed and fully understand that Colon Hydrotherapy has been presented to me as a hygienic method of internal body cleansing-specifically, the colon. **By signing this form, I understand that there are NO Medical Benefits from Colon Hydrotherapy and I understand that there are RISKS AND CONTRAINDICATIONS involved, and that I the client assume all risks, and agree to the following statements and terms.**

Colon Hydrotherapy has not been presented to me as a treatment or cure for any illness or specific disease, or with any guarantees to benefit or heal a disease. Whether or not I participate in a Colon Hydrotherapy session is my decision, which I have chosen as a positive action for my personal preventative health care. **I take complete and full responsibility for undergoing Colon Hydrotherapy at my own risk and hold Colon Care, LLC, Rebecca or Chris Harder and all representatives completely blameless. In the event that I the client experience any negative reaction during or after colon hydrotherapy, including death, I hold Rebecca or Chris Harder, Colon Care, LLC and all representatives completely blameless. By signing this form, I acknowledge that if I am hurt, I may be found by a court of law to have waived any right to maintain a lawsuit against any and all agents of Colon Care, LLC. If I chose to pursue legal action against Rebecca or Chris Harder, or Colon Care, LLC, I will do so in Portland, Oregon.**

I understand that if I use any of the information or resources, books and articles or see any practitioner that Rebecca Harder or any representative of Colon Care, LLC gives me or suggests I use or see, I will use this information or resource at my own risk.

Colon Care, LLC is not a medical treatment facility. I understand that the therapists providing colon hydrotherapy are not physicians and that they do not treat, prescribe or diagnose. Since Colon Hydrotherapy is not a medical service, it is not covered by health insurance claims.

The service fee includes Colon Hydrotherapy (Intestinal Cleansing) which lasts approximately 45-60 minutes. I understand that I the client will be inserting the tube into myself. If I am unable to insert the tube myself and ask that the therapist assist me in inserting the tube, I the client take complete responsibility and hold Rebecca Harder and Colon Care, LLC completely blameless. I understand that the therapist may NOT be in the room with me during the entire session. The therapist will be available to me the client at all times.

By signing this form, I state that I am not a D.O.H. agent or Federal Agent or in the services of these agencies, but that I am a client seeking colon hydrotherapy services for my own benefit.

This form also acts as a non-compete clause and by signing this form, I agree not to open a colon hydrotherapy practice or work for, or consult for, a business that offers colon hydrotherapy within 25 miles of Colon Care, LLC for 3 years from date of receiving services at Colon Care, LLC.

I have read this agreement in full and agree to its terms.

Date: _____

(Signature of client)

(Print your name)