

A Natural Cleanse, LLC

CLIENT INTAKE FORM

All information is kept strictly confidential.

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____

Sex: Male Female Height: _____ Weight: _____ Shoe Size: _____

Occupation: _____ Hobbies: _____

All Known Allergies: _____

How did you find out about us? _____

Had Colon Hydrotherapy before? Yes No If Yes, when? _____ With Whom: _____

Emergency contact: Name: _____ Phone: _____

Check One: self-treating Under a doctor's care, explain: _____

Do you have a prescription today? Yes No / My Prescribing Dr is: _____

Do you have a family history of colon problems? _____ Please describe: _____

Please describe any surgery you have had: _____

Did you have a BM today? Yes No How often do you have a BM? _____

Describe your typical BM: _____

Do you use laxatives? Yes No If yes, what? _____ How Often? _____

Do you use enemas? Yes No If yes, what kind? _____ How Often? _____

Do you exercise? Yes No If yes, what type? _____ How Often? _____

List all over the counter drugs, and prescription drugs you take regularly: _____

List all vitamins, supplements, herbs: (Please describe pills, liquid, extract, tea): _____

What are your treatment objectives? _____

Do you have health symptoms you would like to improve? _____

How do you feel today? _____

List foods you have eaten in past 24 hours: Breakfast _____

Is this your typical diet? _____ Lunch _____

Do you eat late at night? _____ Dinner: _____

Other: _____

How much water do you consume daily? _____

What foods do you crave i.e. Sugar, salt, protein, carbohydrates? _____

Do you sleep well? _____ How many hours nightly? _____

What activities help with stress reduction? _____

How often do you do these activities? _____

Health Concerns

Indicate if you have ever had any of the following conditions.

Present	Past	Condition	Present	Past	Condition
		GENERAL HEALTH CONCERNS			COLON/LG INTESTINE HEALTH CONCERNS
		Fatigue			“spastic” colon, or “Lazy” colon
		Headaches			Abdominal Gas/Bloating
		Skin problems			Abdominal hernia, ulcerative hernia
		Muscle/joint aches			Acute fecal impaction
		Pregnant			Blood in stool /Rectal Bleeding
		Pre/post op surgery			Bowel Perforation
		Liposuction			Colitis, bleeding
		Hernia			Colon Cancer/Carcinoma in Colon or Rectum
		Abdominal Radiation			Colon, rectal or abdominal surgery
		Abdominal hernia			Constipation
		ulcerative hernia			Crohn’s Disease
		LIVER HEALTH CONCERNS			Diarrhea
		Liver cirrhosis, fatty liver			Diverticulosis/Diverticulitis
		Hepatitis			Fissures/Fistulas
					Gastrointestinal hemorrhage
		KIDNEY HEALTH CONCERNS			Hemorrhoids /Severe
		Bladder infection			Indigestion
		Renal/Kidney insufficiency			Irritable Bowel Syndrome
					Leaky Gut syndrome
		HEART HEALTH CONCERNS			Mucus in stool
		Stroke			Parasitic
		Uncontrolled or untreated Hypertension			Polyps
		High Blood Pressure/ hypertension			Sigmoidoscopy/colonoscopy Results: _____
		Aneurism			
		Heart disease, congestive heart failure			
		Aneurism			VACINATIONS:
					COVID Yes No
					Date(s): Manufacturer:
		LUNG HEALTH CONCERNS			
		Asthma			
		PANCREAS CONCERNS			
		Diabetes			

A Natural Cleanse, LLC

CLIENT INTAKE FORM (Continued)

Contraindication – Who would not be a candidate for colon hydrotherapy treatments? If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor before you start this treatment. If you have been diagnosed **with lupus, diverticulitis, ulcerative colitis, Crohn’s disease, severe hemorrhoids, rectal or intestinal tumors or bleeding, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures, or fistulas, have an abdominal hernia, have had recent colon surgery or renal insufficiency** then you would not be a candidate for colon hydrotherapy treatments, Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy and under the direct supervision and advise from their physician. Professionally administering colon hydrotherapy is generally safe if you are free of the above cited conditions/ contraindications.

By signing below, I acknowledge that I have read the above statement and am not aware that I have any of these serious specific health concerns.

Signature: _____

CONSENT TO TREATMENT

INITIALS

The information I’ve provided on the Intake forms provided by A Natural Cleanse, LLC is accurate to the best of my knowledge.	
I understand the services provided by <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) is for cleansing the colon through Colon Hydrotherapy.	
I understand that Lisa @ A Natural Cleanse, LLC may provide nutritional and other health-related information to help me attain and maintain my best health.	
I am aware that every therapy, service, and product described or presented at <u>A Natural Cleanse, LLC</u> is NOT a cure for any disease, ailment, or health condition.	
I understand NO MEDICAL CLAIMS are expressed or implied, by <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) either directly or indirectly, regarding the therapies, products or services presented.	
I understand <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) is not a Medical Doctor and does not diagnose, treat, or prescribe any medical solutions.	
I give <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) permission to assist my Colon Hydrotherapy Session(s).	
I give <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) permission to share information with my prescribing doctor.	
I understand all suggestions made by <u>A Natural Cleanse, LLC</u> practitioner (Lisa Hannan) are designed to help me move toward my best health through personalized recommendations in exercise, health habits, and advanced nutrition.	
I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to Colon Hydrotherapy and any disease or condition that I may have.	
I am responsible for obtaining qualified medical assistance to treat any disease or pathological condition(s) that I now have or may develop in the future.	
I hereby agree that I am responsible for my health and the services received here.	

A Natural Cleanse, LLC

FINANCIAL, CANCELLATION POLICY, AND RELEASE OF LIABILITY STATEMENT

Initial Session	\$130
Single Session	\$110
Series of 3	\$280
Series of 6	\$530
Series of 10	\$825
Appts not cancelled before 24 hours.	100% Charge of your session
NO SHOW Appointments	100% Charge of your session
IV Therapy, Cancer, or Hospice	\$75

An initial appointment which includes a review of the intake form, brief explanation, and colon hydrotherapy session, will take approximately 1½ - 2 hours. Follow-up sessions last approximately 1 hour. I may suggest supplements to complement and enhance the process of cleansing, detoxifying, and rebalancing the system, which will be at an additional cost. All cash or card payments are due at the time of service.

Your time is valuable, and I appreciate your understanding that my time is valuable as well. In the event, you need to cancel an appointment, and as a courtesy to your therapist, please provide at least 24 hours notification.

No Show appointments or appointments not canceled 24 hours before will be subject to a 100% charge of your session price and will be forfeited.

Initial _____

PACKAGES: All packages, programs, and services are *NON-REFUNDABLE* and have no cash value. They cannot be used with any other offers and are not transferable.

Initial _____

I hereby release and discharge Lisa @ A Natural Cleanse, LLC from all claims my agents and I ever had, now have, or may have relating to or arising out of services provided or recommendations that I have received.

Initial _____

I have read this informed consent and understand it. I am not a minor (under the age of 18). By signing this agreement, I have read and understand the above policy regarding pricing, and payment terms.

I am signing this release voluntarily.

Client Name (Printed)

Date

Client Name (Signature)

Date

Therapist (Signature)

Date

Lisa Hannan -- I-Act & GFACT-Certified Colon Hydrotherapist 503 849 4703 ~ www.anaturalcleanse.com