

Miami Colon Therapy

Name: _____ Nickname: _____

Mobile Phone Number (for confirmation calls/texts): _____

Email Address (for scheduling): _____

Emergency Contact (name and number): _____

How did you hear about us? _____

Have you received colon hydrotherapy before? _____

If so, when was your last treatment? _____

Do you have any difficulty lying face up for 40-55 minutes? _____

CONTRAINDICATIONS

Do you have a history of (please circle): abdominal surgery within the past 12 weeks, diagnosis of colon cancer (currently), swollen/inflamed hemorrhoids, bloody stool, rectal fissure/fistula, ulcerative colitis, or renal insufficiency (one kidney), receiving treatment for kidneys?

If yes, please explain: _____

What are your goals/reasons for scheduling an appointment?

Do you have: allergies (specifically to tree nuts), diabetes, a fever, high or low blood pressure, medications (specifically pain medication or diuretic)?

List: _____

I hereby consent to and allow Certified Colon Therapist Alicia Earles and/or Milagros Leon, to perform colon hydrotherapy on me. I have read the list of contraindications above and they do not pertain to me. This therapy has not been presented as a cure of any illness or specific disease or with any guarantees to heal any disease. I agree to hold harmless any and all personnel of Miami Colon Therapy LLC.

Our 24 hour cancellation policy states that if you do not grant us twenty-four hours of notice, you will be charged the full amount of the treatment as a result of your negligence.

Client Signature: _____ Date: _____