

CONTRAINDICATIONS	Name:
Do you have a history of:  Abdominal surgery within the past 12 weeks Diagnosis of colon cancer (currently) Swollen/inflamed hemorrhoids Bloody stool Rectal fissure/fistula Ulcerative colitis Renal insufficiency (one kidney) or receiving treatment for kidneys?	Nickname:
	Mobile Phone:
	Email Address:
	Emergency Contact:
	How did you hear about us?
If yes, please explain:	Have you received colon hydrotherapy before?
	☐ Yes ☐ No
What are your wellness goals/reasons for scheduling an appointment?	If so, when was your last treatment?
	Do you have any difficulty laying face up for 40-55 minutes?
Do you have: tree nut allergies, diabetes, a fever, high or low blood pressure or taking medications (pain or diuretic)?	☐ Yes ☐ No
I hereby consent to and allow Certified Colon Therapist, Alicia Earles, 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:
Colon hydrotherapy is the beginning of a transformation in the direction of optimal health. As conscious beings, we are connected - mind, body and spirit. These aspects of self all work in unison, and when one element is in disharmony, the body as a whole is effected.	
Are there areas in your life in which you would like strategic guidance?	
☐ Nutrition	