

Cancellation and Re-Scheduling Policy

Scheduling is very vital for us to serve all of our clients needs.

An appointment rescheduled 24 hours in ADVANCE of the appointment time will be rescheduled without any additional charges.

ANY appointment that needs to be changed, must have a 24 hour notice. We receive phone calls for “that day” appointments. If you call to change your appointment 2 hours before your scheduled time, we are not able to fill that slot, so we have “lost” two appointments.

ANY appointment changed within the 24 hour notice will have a \$50 fee added to your next appointment.

A “No Show” will be charged \$50 on your next appointment, or a session used if you have purchased a package.

Please understand, this will only help us to be able to serve YOU better.

We also want you to know that we realize “emergencies” do happen, and we are very understanding when it is a true emergency.

We will gladly discuss any concerns you have about this policy. We certainly appreciate your business and friendship!

AB Able Body Colon Therapy

The ABC's of Colon Therapy

Consent and Release Form

Client Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

I, _____, certify I am Over 18 years of age, or I am the parent/legal guardian of said person.

For receiving instructions and sessions here, I release and forever discharge Connie Bush and all other associated of Able Body Colonics from any and all responsibility or liability arising from these procedures and demonstrations. I have not been promised anything to submit to these procedures, or to sign this release form. No guarantees or warranties have been made to me or to the success, value, or benefit of such procedures. I realize and acknowledge that the instructions, recommendations and services are not medical treatments or prescriptions. Any changes or addition in my diet, exercise, or supplementation are of my own choosing. I have been instructed and understand to consult my physician before entering into any lifestyle changes and am free to withdraw my consent and discontinue visits here at any time. This form has been fully explained to me and I certify I understand the contents.

Client Signature

Date

Witnessing Signature

Date

AB Able Body Colon Therapy

INTAKE & HEALTH CONSENT FORM

AGREEMENT: (Please read and sign)

- The therapist giving me a colon hydrotherapy session is not a physician and does not provide medical services of any kind.
- Clients are expected to seek and use such medical service as may be required from a physician.
- The service of colon hydrotherapy is not designed to diagnose, treat or cure any disease of medical condition.

DO NOT discontinue any medications or supplementation prescribed by your physician.

I understand colon hydrotherapy is NOT a medical procedure and will not be covered by medical insurance.

PLEASE READ AND CIRCLE YOUR ANSWER

Are you a member of the American Medical Association	YES	NO
Are you employed by the Dept of Consumer Affairs	YES	NO
Are you employed by the Bd of Med Quality Assurance	YES	NO

If you are a federal, state or local agent, upon entering these premises you must declare same under the Bivens Act-Article 42, and be held personally and individually liable.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND I HAVE TRUTHFULLY ANSWERED THE ABOVE QUESTIONS.

Signature: _____ Date: _____

PLEASE READ AND ACKNOWLEDGE BY YOUR INITIALS:

Once you have scheduled an appointment, that time and date have been reserved for you! To cancel or reschedule, please **call 24 hours prior** to your appointment time. Appointments cancelled with less than 24 hour notice are subject to a cancellation fee. Missed appointments will be billed at the regular rate.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT:

Client initials: _____ Date: _____

AB Able Body Colon Therapy

All clients must read, understand and sign this disclosure.

- A. There are NO licensed physicians at this center and the individual performing colon Hydro-Therapy is ONLY a colon Hydro Therapist... they are not a physician. This means that they CANNOT and WILL NOT...
1. Conduct surgery or any other procedure on another person the punctures the skin or harmfully invades the body.
 2. Administer or prescribe X-ray radiation to another person.
 3. Prescribes or administer legend drugs or controlled substances to another person.
 4. Recommend the discontinuance of legend drugs or controlled substances prescribed by appropriate licensed practitioner.
 5. Willfully diagnose and treat physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.
 6. Set fractures.
 7. Treat lacerations or abrasions through electrotherapy.
 8. Hold out, state, indicate, advertise, 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 and the Therapist is complementary to healing arts services licensed by the state.
- C. The services of Colon Hydrotherapy and the Therapist that provide the services *are not licensed by the state*.
- D. The session of colon hydrotherapy includes the following procedures.
- Warm (temperature and pressure controlled) water will flow into the colon softening the fecal matter which will be released through normal peristalsis into the sewer.
Your dignity and modesty will be maintained at all times.
The session will last approximately 30 minutes.
- 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 the individual. This started thousands of years ago with the simple enema and has evolved into present day colonic. Many people simply report they feel better after a colonic. On the other hand, there is 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 theory may or may not have validity depending who you listen to, but we know 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 toxins should have some value.

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

Client Signature

Date

Client Health Questionnaire

Contact Information

Name: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Sex: Male _____ Female: _____ Marital Status: ☐ Married ☐ Single ☐ Other

Children: _____ Ages: _____

Occupation: _____

Hobbies & Activities: _____

Emergency Contact Information: _____

Relationship: _____ Phone 1: _____ Phone 2: _____

Physician: _____

Are you currently under a doctor's care? ☐ Yes ☐ No (If yes, explain) _____

Date last complete Physical Exam: _____ Result: _____

Is your Physician aware of you receiving colon Hydro-Therapy? ☐ Yes ☐ No

Have you ever had colon Hydro-Therapy? ☐ Yes ☐ No (If yes, explain where and when) _____

How did you learn of our service? _____

Please state your reasons and expectations from receiving colon Hydro-Therapy: _____

Client Health Questionnaire

For Women Only

Yes No

- ☐ ☐ Are you pregnant?
- ☐ ☐ Are your periods regular?
- ☐ ☐ Do you take birth control pills?

Yes No

- ☐ ☐ Is there a chance you might be pregnant?
- ☐ ☐ Do you suffer with PMS?
- ☐ ☐ Do you Take Hormone Supplements?

Please explain all yes answers: _____

For Men Only

Yes No

- ☐ ☐ Do you have difficulties urinating?
- ☐ ☐ Are you experiencing ED difficulties?

Yes No

- ☐ ☐ Do you Take Hormone Supplements?

Date of last Colonoscopy _____

Please explain all yes answers: _____

Daily Habits

What is a typical:

Breakfast _____

Lunch _____

Dinner _____

Snack _____

Daily Water Consumption _____

Beverage _____

Alcohol _____ What & How Often _____ Rec. Drug _____

Yes No

- ☐ ☐ Do you exercise? Describe: _____

Please describe your dietary intake: (example; vegan, vegetarians, food combining, non-vegetarian - beef, pork, poultry, seafood, home cooking/dining out, fast food, etc.)

On a scale from 1 to 5, (with one being low and five being very high) what best describes your usual daily stress level? (circle one) 1 2 3 4 5

Are circumstances in your life increasing usual stress level? (you may share if you wish)

Yes No

- ☐ ☐ Are you interested in learning more about diet and lifestyle changes?

Client Health Questionnaire

Vital Health Information

In order to provide the best possible care and to insure optimum results from your colon Hydro-Therapy session, the following information is essential. Please complete this section thoroughly and completely. All information contained herein, is strictly confidential.

Prescription Medications: _____

Supplements: _____

Over the Counter Medication: _____

List all known allergies: _____

List the type and year of all surgeries and major illnesses: _____

Have you ever had? (If yes, when)

☐ Colonoscopy _____ ☐ Sigmoidoscopy _____ ☐ Barium Enema _____ ☐ Rectal Surgery _____

Have you ever been treated for any of the following conditions? (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Rectal Bleeding | <input type="checkbox"/> Cancer | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Abdominal Surgery |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Ileitis | <input type="checkbox"/> IBS | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Ulcerated Colitis | <input type="checkbox"/> Leaky Gut Syndrome | <input type="checkbox"/> Severe Anemia | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Renal Insufficiency | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Colitis | <input type="checkbox"/> Fissures/Fistulas |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> GI Hemorrhage/Perforation | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Abdominal Hernia |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Hepatitis (What Type__) | <input type="checkbox"/> HIV | <input type="checkbox"/> AIDS |

Please explain all checked conditions: _____

Client Health Questionnaire

Yes No Occasionally

☐ ☐ ☐ Do you suffer from constipation? How long? _____

Yes No

☐ ☐ Do other members in your family suffer with constipation? (Parents, siblings, etc) _____

☐ ☐ Do you suffer from diarrhea?

☐ ☐ Do you suffer from alternating periods of constipation and diarrhea?

☐ ☐ Do you suffer from hemorrhoids? Internal / External - Mild / Moderate / Severe

☐ ☐ Have you ever had hemorrhoids surgically corrected? If so, When _____

☐ ☐ Do you take laxatives? What type _____ How often _____

☐ ☐ Do you take diuretics? What type _____ How often _____

☐ ☐ Do you take fiber? What type _____ How often _____

☐ ☐ Do you take stool softeners? What type _____ How often _____

☐ ☐ Have you ever taken psyllium? What type _____

☐ ☐ Do you strain to have a bowel movement?

How often do you have a bowel movement? _____

Colon Hydro-Therapy is a process, not a quick cure. Multiple sessions combined with good eating habits and regular exercise is necessary to achieve optimum results. It is advised before beginning any diet, exercise, or complimentary modality, to discuss it with your physician.

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate.

(Print Name)

(Signature)

(Date)

FOR OFFICIAL USE ONLY:
