

Health History Questionnaire for Colon Hydrotherapy

Please PRINT and Answer all Questions:

Date: ____/____/____

NAME: _____ PHONE: _____ C/H/W EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ OCCUPATION: _____

CURRENT MEDS/SUPPLEMENTS: _____

Are You Under A Physicians Care? Y/N NAME: _____ TYPE: _____

EMERGENCY CONTACT: _____ RELATION: _____ PHONE: _____

What is a CONTRAINDICATION? A contraindication is a specific health condition in which a drug, procedure, treatment or surgery is inadvisable, as it may be harmful to the health of the patient.

***Contraindications: (✓) and DATE if ever had any of the following:**

DATE

- ___ Abdominal Hernia
- ___ Abdominal Surgery
- ___ Abnormal Distension
- ___ Acute Liver Failure
- ___ Anemia
- ___ Aneurysm – All Types
- ___ Cancer – Type _____
- ___ Cardiac Condition
- ___ Crohn’s Disease
- ___ Colitis

DATE

- ___ Dialysis Patient
- ___ Diverticulosis/Diverticulitis
- ___ Fissures & Fistulas
- ___ Hemorrhaging
- ___ Hemorrhoidectomy
- ___ Intestinal Perforations
- ___ Lupus
- ___ Pregnant – Due Date: _____
- ___ Rectal/Colon Surgery
- ___ Renal Insufficiencies

PLEASE CHECK (✓)

- ___ Hemorrhoids: Internal ___/External ___
- ___ Blood in Stool
- ___ Recent Colonoscopy
- ___ Use Laxatives
- ___ BM Painful/Difficult
- ___ Burning/Itching Anus
- ___ Constipation/Diarrhea
- ___ Vomiting/Bloating
- ___ High Blood Pressure
- ___ Infectious Disease
- ___ Date of Last Menstrual Cycle _____
- ___ Allergic to Latex
- ___ Bladder Infection
- Other _____

Use back of form if needed

BEFORE INITIALING PLEASE BE SURE YOU DO NOT HAVE ANY OF THE ABOVE CONTRAINDICATIONS

I have NOT been diagnosed with any contraindications for colon hydrotherapy: CLIENT INITIALS X _____

READ and INITIAL:

I am aware that this colon irrigation and enema device center has a Licensed Chiropractic Physician on site. I am aware adverse events such as perforation, injury, and illness have been alleged and claimed with the use of colon irrigation and enema devices. Should I experience resistance during the nozzle insertion, I will immediately stop my session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session. I am aware that Trained Therapists do not insert, diagnose, prescribe and do not cure or treat any condition or disease.

I have read and understand my responsibilities for colon hydrotherapy sessions: CLIENT INITIALS X _____

(See a more complete list of possible side effects on back of form)

I have reviewed and discussed with the LIBBE Device Trained Therapist that I do not have any Contraindications or any Health Concerns and I wish to proceed with my colon hydrotherapy sessions

CLIENT SIGNATURE: _____ DATE: ____/____/____

I have reviewed and discussed this clients Health History. Physician Signature: _____