

Nature's Flow Colon Hydrotherapy - Client Health Questionnaire

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (Home) _____ (Work) _____ (Cell) _____
Email: _____ DOB: _____

General Health (Please check if any apply)

Allergies Congestive Heart Problem Liver/Gall Bladder
 Arthritis Diabetes Parkinson's Disease
 Asthma Indigestion Prostate Problems
 Cancer Insomnia Ulcers

Are you pregnant? _____ Surgeries within the last 5 years? _____

Do you experience any medical problems or illnesses not listed above? _____

Please provide details: _____

Colon Health

Is this your first colon hydrotherapy session? _____

How often do you have a bowel movement? _____ x Per Day / _____ x Per Week

Are your bowel movements: Easily Expelled Strained

Do you use laxatives? Herbal Stool Softener Other

Do you experience problems with any of the following conditions?

Appendicitis Diverticulitis Polyps
 Belching Fissures / Fistula Rectal Bleeding
 Colitis Gas Spastic Colon
 Constipation Hemorrhoids Worms
 Crohn's Disease Irritable Bowel Syndrome Sinus Problems
 Diarrhea Parasites Yeast Infection

Diet: Please indicate Light (L), Moderate (M) or Heavy (H) consumption

_____ Dairy _____ Alcohol _____ Wheat / Flour
_____ Fruit _____ Carbonated Drinks
_____ Meat _____ Coffee
_____ Processed Food _____ Soda
_____ Sweets / Sugar / Salt _____ Tea
_____ Vegetables _____ Water

Exercise:

Do you exercise? _____ How often? _____ Yoga _____ Other _____

Nature's Flow Colon Hydrotherapy – Disclaimer and Consent

Colon hydrotherapy may not be recommended for persons having certain health problems such as the following:

- Anemia (severe)
- Cancer (colon, intestinal or rectal)
- Colitis (ulcerative)
- Colon surgery (recent)
- Crohn's disease (active)
- Fissures or fistulas
- GI hemorrhage or perforation
- Hemorrhoids (severe)
- Hernia (abdominal)
- Renal insufficiency

If you have any of the above conditions, you may be able to receive colon hydrotherapy providing you consult with and obtain written permission from your physician.

This web site is not intended as a substitute for the advice or treatment of a licensed medical professional, or to prescribe a service. Its content is presented for the free exchange of ideas and information in relation to health and wellness only.

The colon hydrotherapy procedure described here is not a prescription to treat any disease or health condition. No medical claims are expressed or implied, directly or indirectly, regarding this service. It is not a substitute for professional medical advice or treatment. If you have an illness or medical condition of concern, we suggest you consult and seek the advice and attention of your health care practitioner or physician first.

I understand that Monique Penney is not qualified to diagnose or prescribe and will not do so, nor has she guaranteed any results that may be obtained from colon hydrotherapy. I release Monique Penney and The Center for Progressive Therapies, from any liability which could occur with colon hydrotherapy, and consent to receive this procedure.

I am not acting as an agent for any government agency, law office or pharmaceutical company.

I have read and understand the above.

Signature of client (or of guardian if under age 18): _____ Date _____