

Natural Health Associates, LLC

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Confidential Request for Procedure

(Please answer all questions and checkmark (✓) those that apply.)

Date _____ Email (optional) _____

Name _____ Cell # _____ Home # _____

Address _____ City _____ State _____ Zip _____

Occupation _____ How Long _____ Retired (Yes) _____ (No) _____

Birthday _____ Current Age _____ Male _____ Female _____

Are you currently dealing with any of the following?

Bladder Infection _____ Bloating _____ Blood in Stool _____ BM Painful or difficult _____

Burning/Itching Anus _____ Constipation _____ Diarrhea _____ Infectious Disease _____

Internal Hemorrhoids _____ External Hemorrhoids _____ Strain at Stool _____

Rectal Bleeding _____

In Pain? Yes ___ No ___ Where? _____

(Female) Are you currently menstruating? Yes ___ No ___

Currently under medical provider care? Yes ___ No ___

Medical Reason/Date _____

Medical provider's name _____

Currently under Chiropractor provider care? Yes ___ No ___

Chiropractor Reason/Date _____

Chiropractor provider's name _____

Colon irrigation services requested by written order? Yes ___ No ___ Written order expiration date _____

Contra indications

(Please answer all questions and checkmark (√) those that apply.)

Abdominal Hernia Date _____
 Diverticulitis Date _____
 Abdominal Surgery Date _____
 Type _____ Date _____
 Type _____ Date _____
 Type _____ Date _____

Fistula Date _____
 Fissure Date _____
 Hemorrhaging Date _____
 Hemorrhoidectomy Date _____
 Type _____ Date _____
 Intestinal Perforations Date _____
 Lupus Date _____
 Pregnant (Due Date) _____
 Rectal/Colon Surgery
 Type _____ Date _____
 Type _____ Date _____
 Renal Insufficiencies Date _____

Abnormal Distension Date _____
 Acute Liver Failure Date _____
 Anemia Date _____
 Aneurysm Date _____
 Type _____ Date _____
 Type _____ Date _____
 Type _____ Date _____

Carcinoma of the Colon Date _____
 Crohns Disease Date _____
 Colitis Date _____
 Dialysis Patient Date _____

Have you taken / are you now taking any medication that weakens the intestinal walls? Yes ___ No ___

Name _____ / _____ / _____
Used For _____ / _____ / _____

Example: Linzess, Datriil , Nexium , Prevacid
 Prilosec, Protonix, Tagamet, Pepcid, Zantac
 Tylenol, Panadol,

Taking Medications (Please list below)

Name			
Used For			

Taking Herbal supplements or vitamins (Please list below)

Name			
Used For			

Statement

I have not been diagnosed with any contraindications for colon irrigation. When requested to, I will bring with me all prescription drugs and all natural remedies I am now or have been taking recently. If necessary, I will bring a relative or friend to assist me with a wheelchair, mounting and dismounting, and such tasks as dressing, undressing, and inserting the disposable rectal tube during the colon hydrotherapy sessions. I am aware that colon hydro therapists do not claim to cure or treat any condition or disease, are not physicians and therefore, do not insert rectal irrigation an enema devices, nor do they diagnose or prescribe drugs or issue medical orders for health services. I am aware that adverse events: such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enemas devices and that I am responsible for my own insertion. If I experience resistance during the insertion, I will immediately stop my colon irrigation session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session.

CLIENT SIGNATURE _____ Date _____

(For parent-dependent clients 18 and under, the signature and attendance of the parent or guardian is required for colon hydrotherapy services. A permission form must be signed.

I have reviewed this form with my client. The physician/chiropractor's written order for each procedure is attached.

Therapist Signature _____ Date _____

*****List all known allergies_____*****

*****How many bowel movements per week_____do you usually have?*****

Do you strain to have bowel movements ___ Yes ___ No?

Do you use stool softeners or laxatives? ___ Yes___ No? (Herbal laxatives)___ Yes___ No(Suppository)___ Yes___ No

Type				
How often				

Do you have hemorrhoids or other rectal problems? ___ Yes ___ No

Do you have rectal bleeding ? ___ Yes ___ No If so when? _____

Have you had a Barium Enema? No___ Yes___ Date_____ A Barium Enema is an X-ray exam of the large intestine (colon and rectum). It may also be called a lower gastrointestinal (GI) exam. The test is used to help find diseases and other problems that affect the large intestine.)

Colonoscopy No_____ Yes_____ Date_____

What would results would you like to see from a colon hydrotherapy session?

Client Statement

I understand that this is considered personal counseling and that I will be offered information about general guidelines to better health.

I fully understand that those who council me are not medical doctors or practitioners and I am not here for medical/diagnostic purposes or treatment procedures.

I am not on this visit or any subsequent visits as an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

I understand that the services performed by Natural Health Associates, LLC., are at all times restricted to consultation on the subject of maintenance of the best possible state of health and do not involve the diagnosis, treatment or prescribing of remedies for disease.

Signature _____ Date _____

