

# White Lotus Holistic Spa

## Health History Questionnaire for Colon Hydrotherapy

Please PRINT and Answer all Questions:

Date: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ (cell ph) \_\_\_\_\_ (work ph) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ How Long? \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

Are you Under a Physicians Care? \_\_\_\_\_ Name \_\_\_\_\_ Type: \_\_\_\_\_

(ICE) In Case of Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*What is a contraindication? (con-tra-in-di-ca-tion) A contraindication is a specific health condition in which A drug, disease, procedure, treatment or surgery is inadvisable, as it may be harmful to the health of the patient.*

Please check (  )

\* 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
- \_\_\_\_\_ Crohns Disease
- \_\_\_\_\_ Colitis

DATE

- \_\_\_\_\_ Dialysis Patient
- \_\_\_\_\_ Diverticulosis/Diverticulitis
- \_\_\_\_\_ Fissures & Fistulas
- \_\_\_\_\_ Hemorrhaging
- \_\_\_\_\_ Hemorrhoidectomy
- \_\_\_\_\_ Intestinal Perforations
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Pregnant -(due date \_\_\_\_\_)
- \_\_\_\_\_ Rectal / Colon Surgery
- \_\_\_\_\_ Renal Insufficiencies

- \_\_\_\_\_ Hemorrhoids
- \_\_\_\_\_ Internal \_\_\_\_\_ External
- \_\_\_\_\_ Rectal / 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
- \_\_\_\_\_ Allergic to Latex
- \_\_\_\_\_ Bladder Infection
- \_\_\_\_\_ Infectious Disease
- Other \_\_\_\_\_

Please (  ) Date IF you have any above contraindications\*.

I have NOT been diagnosed with any Contraindications for colon hydrotherapy: Client Initials X \_\_\_\_\_

**READ and INITIAL:** I am aware that this Center uses FDA colon irrigation Devices and disposable colon nozzles. I am aware Center has a Licensed Medical Director that may NOT be 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 Diseases, Contraindications or other Health Concerns and I wish to proceed with my colon hydrotherapy sessions:

CLIENT SIGNATURE: X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(For Clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)

I have reviewed and discussed this clients Health History. Therapist Signature: X \_\_\_\_\_

Notes: \_\_\_\_\_

**How did you hear about us?**

- Physician: \_\_\_\_\_ • Friend \_\_\_\_\_ • Paper \_\_\_\_\_
- Family Member \_\_\_\_\_ • Coupon where: \_\_\_\_\_
- Internet \_\_\_\_\_ • Colonic.Net \_\_\_\_\_ • Sign \_\_\_\_\_
- Other? \_\_\_\_\_

**Client First Session Evaluation: Yes / No**

Did Therapist review Contraindications and inquire to any health issues? \_\_\_\_\_

Were Device, Room, Restrooms Clean? \_\_\_\_\_

Were you Covered and Comfortable? \_\_\_\_\_

Were your results Satisfactory? \_\_\_\_\_

Will you recommend to family/friends? \_\_\_\_\_

Problems or Discomfort during session? \_\_\_\_\_  
Please Explain: \_\_\_\_\_

How do you feel? \_\_\_\_\_

**Client Signature:**

X \_\_\_\_\_

**Pre Paid Sessions INITIALS**

#	Date	Therapist	Client
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Therapist Notes of Clients needs:**

Flex cut \_\_\_ normal or needs \_\_\_ Inches  
 Prefers \_\_\_\_\_ style Nozzle  
 Likes \_\_\_\_\_ session room.  
 Tummy Warmer \_\_\_ Yes \_\_\_ No  
 Other: \_\_\_\_\_

**PREPAID DISCOUNTED COLONIC SESSION PACKAGES SOLD AS FOLLOWS:**

1. All Prepaid Discounted Colonic Sessions are to be used within six (6 ) months of purchase.
2. No Show appointments are counted as a used session without a 12 hour advance cancellation.
3. Health History should be updated after twelve sessions. No Refunds! Non-Transferable!

CLIENT SIGNATURE: X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Possible Side Effects:** Increased Energy, Nausea, Vomiting, Cramping, Light Headed, Excessive Gas or Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, Hemorrhoids: (which may be irritated, inflamed or bleed).

**Precautions:** Over Hydration: (may occur when multiple colonic sessions are done during a short period of time)  
 Perforation of Rectum / Colon, Irritation / Inflammation / Allergic Reactions of the rectum due to lubricant, Water Over temperature, Other Issues when colonic equipment is improperly used, failure to use approved disinfectants or perform the monthly and annual maintenance to prevent bacteria growth and/or operated by untrained therapists.

Tiller MIND BODY, Inc., San Antonio, Texas Manufacturer and Distributor of "The LIBBE" www.colonic.net  
 Worldwide since 1995 by Healthcare Professionals is in conformance with USA- FDA, ) ISO 13485:2003, Licensed Medical Device Manufacturer; Health Canada, Mexico, Australia, (CE) European Union, Hong Kong, (China Pending)  
 2014 - Introduction of The "LIBBE LOD Enema Kit" For Information www.enemakit.net