

# COLON HYDROTHERAPY INTAKE FORM

Oklahoma Colonic  
5908 West Hefner Rd  
Oklahoma City, OK 73162

Oklahoma Colonic is committed to your safety and health. We use colonic equipment that has met requirements for its use to perform Colon Hydrotherapy (i.e., FDA Class II, CE Mark, etc:) and use only disposable, single-use speculum kits or nozzles and carry current profession liability insurance.

**Please complete the following questions carefully. All data is confidential to ensure your privacy.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Female \_\_\_ Male \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_ May we contact you at this address? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about our service? Personal referral \_\_\_\_\_ Google Search \_\_\_\_\_

Google Ad \_\_\_\_\_ Facebook \_\_\_\_\_ Other \_\_\_\_\_

Who may we thank for the referral? \_\_\_\_\_

Is Colon Hydrotherapy part of a protocol that a doctor or other healthcare professional has referred or prescribed for you? \_\_\_\_\_

Type of doctor PCP \_\_\_ gastrointestinal doctor \_\_\_\_\_ Proctologist \_\_\_\_\_ other \_\_\_\_\_

**Allergies:** List all known: \_\_\_\_\_

**Health concerns:** List top \_\_\_\_\_

**Parasites** \_\_\_\_\_ Do you know you have parasites? \_\_\_\_\_ If yes, Describe: \_\_\_\_\_

**Back Issues:** \_\_\_\_\_ Do you have any problems/pain in the lower back (lumbar region)? \_\_\_\_\_

If yes, describe \_\_\_\_\_

**Abdominal area surgeries:** *Check all that apply:* C-Section Gallbladder Gastric Bypass Hysterectomy

Lap Band Vaginal Mesh Other \_\_\_\_\_

If yes, to any of the above, do you feel that you have had a change in bowel habits? \_\_\_\_\_

**Colonic History:** Have you ever had a Colonic before? \_\_\_\_\_

If so, when? \_\_\_\_\_

Where? \_\_\_\_\_

If yes, please describe your experience: \_\_\_\_\_

Type of device used (Colonic system) *Check all that apply:* Closed Open Gravity Not Sure

Other forms of cleansing you are using or have used: \_\_\_\_\_

**Digestion:** How is your digestion? *Check all that apply:*

Adequate Poor Acid Reflux Bloating Burning/pain in stomach Indigestion Ulcers

If other complaints described \_\_\_\_\_

Have you seen a doctor about them? \_\_\_\_\_

**Medications & Supplements:** List all you now take regularly including over the counter \_\_\_\_\_

Do you take digestive aids? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

When was the most recent time you took antibiotics? \_\_\_\_\_ Why? \_\_\_\_\_

**Bowel Habits:** How often do you have a bowel movement? 3 per day 2 per day 1 per day skips days

How are your bowel eliminations normally? (*Check the best response*) Requires Straining Effortless

**Amount:** normal too little too large **Consistency:** normal too hard very soft diarrhea

**Color:** brown black whitish greenish **Other:** lot of mucus lots of gas foul smell

Do you have bowel problems? \_\_\_\_\_ Do you feeling your bowel movements are incomplete? \_\_\_\_\_

Describe complaints: \_\_\_\_\_

Do you use a stool softener or laxative? \_\_\_\_\_ Herbal laxative? \_\_\_\_\_ Suppository? \_\_\_\_\_

Product name (s): \_\_\_\_\_

If yes, how often? \_\_\_\_\_ If yes, used for how long (days, months, years)? \_\_\_\_\_

Do you have hemorrhoids or other rectal problems (itching, fissures, etc.)? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

If yes, have you been seen by a doctor for any of these issues? \_\_\_\_\_

**Exercise:** Describe your regular routine: \_\_\_\_\_

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**Water:** How much water do you drink per day? \_\_\_\_\_ glasses or \_\_\_\_\_ ounces

**Water Source:** Tap (from city or well)    Bottled    Filtered    Boiled    Whatever is available

**Smoking:** Do you currently smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How long? \_\_\_\_\_

**Alcohol:** Do you currently drink? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How long? \_\_\_\_\_

**Stress:** On a scale from 1 to 10 where 1 = "is mellow" and 10 = "Stressed Out"

Please rate your current stress level: \_\_\_\_\_ what are the main source of your stress? \_\_\_\_\_

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If you're stress, level 5 or more, what step (s) are you taking to reduce your stress? \_\_\_\_\_

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Do you notice changes in your bowel habits when you make any changes to exercise, diet, water intake, and stress? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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What do you hope to achieve from this colon hydrotherapy appointment? \_\_\_\_\_

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Do you have any specific concerns? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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My signature below indicates I have honestly answered all of the questions above and supplied any additional relevant information within this intake form.

\_\_\_\_\_  
Client Name (Signature)

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

\_\_\_\_\_  
Client Name (Printed clearly)

**\*\*Reminder: Please stop eating 2 hours prior and stop drinking 1 hour prior to your appointment\*\***

## Financial and Cancellation Policy

Single Session . . . \$120.00 ea

Package of 3, Prepaid (Revisit Clients Only) . . . \$110.00 ea (\$330 total)

An initial appointment, which includes a consultation and colon hydrotherapy session, will take up to approximately 1 ½ hours. Follow up session last approximately 1 hour. There may be supplements recommended to complement and enhance the process of cleansing, detoxifying and re-balancing the system these supplements are an additional cost. All payments are due at the time of the visit.

**Preferred method of payment:** Debit, Credit, or Cash. ***SORRY NO CHECKS.*** Prices are subject to change. Packages must be used within 3 months from the time of purchase.

Your time is valuable and we appreciate your understanding that our time is valuable as well. We understand sometimes plans change unexpectedly. Please call us as soon as you know you need to reschedule. If you don't show up for your appointment or if less than 24 hours notice is given to reschedule an appointment more than once, no more appointments will be offered.

### RELEASE STATEMENT:

I acknowledge that *Oklahoma Colonic* and all staff members are not medical doctors. Hydrotherapy is not administered by a medical doctor. I understand that Melissa Ammons and staff members of *Oklahoma Colonic* may provide nutritional and other health related information to help me attain and maintain my best health. All suggestions are designed to help me move towards my best state of health through personalized recommendations in lifestyles, exercise, health habits and advanced nutrition. I understand that Melissa Ammons as well as staff members of *Oklahoma Colonic* do **NOT** diagnose, treat, or claim to cure any illness or disease.

I have been made aware of all contraindications for colon hydrotherapy and am here on this day and any subsequent visit by my choice and solely on my own behalf. I hereby release and discharge Melissa Ammons with Bolster LLC dba *Oklahoma Colonic* from any and all claims which I or my agents ever had, now have or may have relating to or arising out of services provided or recommendation that I have received. I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

Oklahoma Colonic reserves the legal right to refuse service to anyone for any lawful reason.

I have read this informed consent and understand it. I am not a minor (under the age of 18).

I understand the above Financial & Cancellation Policy and will abide by these charges.

I am signing this release voluntarily.

\_\_\_\_\_  
Client Name (Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
Client Name (Print clearly Please)