



Full Name: _____ Date: _____
Date of Birth (dd/mm/yyyy): _____ Occupation: _____
Phone Number: _____ Email: _____
Emergency Phone Number: _____ Emergency E-mail: _____
Address: _____ City/Province: _____ Postal Code: _____
Referral Source: _____

Contraindications - Please check any condition that applies to you:

- Pregnancy Congestive heart failure Recent heart attack Recent abdominal surgery Abdominal hernia Cirrhosis Intestinal perforation Crohn's disease Diverticulitis Ulcerative colitis Colon Cancer Fissures or fistula Severe hemorrhoids Bleeding disorder Renal insufficiency History of seizures or epilepsy Vascular aneurysm Uncontrolled hypertension HIV/AIDS Hepatitis A, B or C Morbid obesity (BMI >40 kg/m²) General debilitation

Other Digestive Conditions - Please check any condition that applies to you:

- Ulcer Diabetes Gallstones IBS Polyps Appendicitis

Lifestyle

- What is your current stress level? Minimal Moderate High
How many hours of sleep do you get?
Do you exercise? What type? How often?
Do you smoke? How often? For how long?
Do you take antibiotics at least once a year?
Do you take laxatives? What kind? How often?
How much water do you drink daily?
Do you consume dairy? How often?
Do you drink coffee? How much?
Do you drink alcohol? How often?
Do you eat gluten?
Do you eat a vegetarian or a vegan diet?
Do you eat meats (red meat/poultry/fish)?
Do you eat processed or junk food? How often?

Digestive Issues - Please check any issue you currently experience:

- Constipation Diarrhea Bloating Gas Burping abdominal pain

Bowel Movements

- Frequency: > 1/day 1/day every few days 1/week < 1/week
Consistency: Hard Soft Loose
Length: 6" or more 3-5" less than 3"
Time: 5 minutes or less more than 5 minutes



Have you ever had surgery or had organs removed?
Do you have any allergies? What kind?
Have you been diagnosed with any illness? What kind?
Do you have, or are a carrier, of an infectious disease? If so, what?
Do you take nutritional supplements? What kind?
Do you take any medications? What kind?

What are your reasons for getting Colon Hydrotherapy?

Have you had Colon Hydrotherapy before?

Liability Release: I, the undersigned, hereby acknowledge that the personnel at Life Colonics are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. Any recommendations I receive are not intended as primary therapy for any symptom or disease, but as a means of enhancing the quality of my lifestyle. I acknowledge that Colon Hydrotherapy is a professional service that may provide information related to nutrition, however it is not a tool for the prevention, assessment, diagnosis, or treatment of any particular illness or disease. The service I receive is initiated at my own request for reasons personal to me.

Initial _____

COVID-19 Release: Please acknowledge that despite all the precautions that you, other clients, and/or Life Colonics may take, we cannot guarantee your health or safety, and you may still be exposed to COVID-19, including through interactions with other individuals who have COVID-19. By executing this release and gaining access to Life Colonics facility, you, on behalf of yourself, your heirs, beneficiaries, representatives, successors and assigns: (1) voluntarily assume all risks associated with any exposure to COVID-19 or other infectious diseases, including, but not limited to any type of medical condition, illness and, potentially, death; and (2) knowingly and voluntarily waive, release, covenant not to sue, forever discharge, indemnify, and/or hold harmless Life Colonics, its parents and subsidiaries and their respective officers, directors, employees, contractors, agents, representatives, successors and assigns ("Released Parties") from any and all liability, damages, losses, suits, demands, causes of action to the fullest extent permitted by the laws of this province, or any other claims of any nature whatsoever, arising out of or relating in any way to your use of Life Colonics services and your potential exposure to COVID-19 throughout the universes for perpetuity.

Initial _____

Signature: I have read and acknowledged the foregoing assumption of risk and release of liability and that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person caused by my negligent or intentional act or omission. I acknowledge that by signing this form I am waiving valuable legal rights.

Print Name: _____ Date (dd/mm/yyyy): _____

Signature: _____