HYDRO HEALTH OF WESTERN MASSACHUSETTS
51 STEARNS AVE
PITTSFIELD, MA 01201
413-445-7470

CONFIDENTIAL HISTORY

bcollingwood@nycap.rr.com

PLEASE PRINT AND ANSWER ALL QUESTIONS

Date: _____ / _____/ 2018

Name _____ Home Phone _____

E-Mail _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Height _____ Weight _____ Birth Date _____ / _____/ _____ Age _____

Occupation _____ How Long? _____ Referred By: _____

ARE YOU UNDER A MEDICAL PROVIDER'S CARE? _____ Provider's Name _____ Prescriptions? _____

Are you in any pain? _____ Where? _____

How often do you have bowel movements? _____ Difficult or Straining? Yes / No / Sometimes

WHY HAVE YOU CHOSEN TO HAVE COLON IRRIGATION(S)? _____

PLEASE CHECK (√) ALL THAT APPLY: Right to self-treat _____ Good Health _____ Lose Weight _____

_____ Bloating	_____ Burning/itching anus	_____ Rectal bleeding	_____ Infectious disease
_____ Blood in stool	_____ Constipation	_____ Use of Laxatives	_____ Recent Barium Enema
_____ BM painful	_____ Diarrhea	_____ Vomiting	_____ Recent Colonoscopy
_____ BM difficult	_____ Hemorrhoids	_____ Bladder Infection	Other: _____

CONTRAINDICATIONS: Please DATE if you have ever had any of the following:

___/___/___ Abdominal Hernia	___/___/___Colitis	__/__/__ Colon/Rectal Surgery
___/___/___Abdominal Surgery	___/___/___Dialysis	___/___/___ Renal insufficiency
___/___/___Abnormal Distention	___/___/___Diverticulosis/Diverticulitis	___/___/___ Hypertension
___/___/___Acute Liver Failure	___/___/___Hemorrhaging	___/___/___ Fissures/Fistulas
___/___/___Anemia	___/___/___Hemorrhoidectomy	Currently on medications that may weaken intestinal walls:
___/___/___Aneurysm – all types	___/___/___Intestinal Perforations	
___/___/___Carcinoma of Colon	___/___/___Lupus	
___/___/___Crohn's Disease	___/___/___Pregnant (due date)	

I have not been diagnosed with any contraindications for colon irrigation, *see above*. I am aware that colon irrigation and enema device facilities are not physicians and therefore do not insert, diagnose or prescribe. I am also aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own insertion in privacy; if I experience resistance during my insertion, I will immediately stop my session. If during the session I experience pain, I am responsible for immediately stopping my session. By signing, I acknowledge this facility does not claim to cure or treat any condition or disease. **IF ANY CONTRAINDICATIONS ARE NOTED, PROVIDE A WRITTEN PRESCRIPTION FROM A PHYSICIAN FOR COLON HYDROTHERAPHY ON AN AS NEEDED BASIS.**

CLIENT SIGNATURE_____ **DATE** _____ / _____ / **2018**

- ***For clients 18 or younger, signature & attendance of the parent or guardian is required for insertion ****

I have reviewed this form with my client. COLON HYDROTHERAPIST SIGNATURE _____