

Colon Hydrotherapy Client Information (Page 1 of 2)

Please print and fill in pages 1 and 2, and bring them with you to your appointment. Also, please note that I require all my clients to read and agree to the policy information contained on the last three pages of this document. Thank you!



Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phones: - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_
Email Address (please write clearly): \_\_\_\_\_
Occupation/Employer: \_\_\_\_\_ How did you find out about us? \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Have you had a colonic or an enema before? \_\_\_\_\_ If so, when? \_\_\_\_\_ Where? \_\_\_\_\_
With who? \_\_\_\_\_ How was the experience? \_\_\_\_\_
How many times a day do you have a bowel movement? \_\_\_\_\_ How many per week? \_\_\_\_\_
Have you ever been treated for pathology of the colon? \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_
When have you observed blood in your stool? \_\_\_\_\_ Have you ever observed mucus in your stool? \_\_\_\_\_
Do you experience diarrhea or constipation? Please describe: \_\_\_\_\_
Do you have any immune disorders? HIV+ \_\_\_\_\_ AIDS \_\_\_\_\_ Lupus \_\_\_\_\_ Other \_\_\_\_\_
Do you have family history of colon problems? \_\_\_\_\_ Please describe: \_\_\_\_\_
Please describe any surgery: \_\_\_\_\_
List all medications and Prescribing Doctors: \_\_\_\_\_

Do you have hypertension or high blood pressure? \_\_\_\_\_ How is it controlled? \_\_\_\_\_
Low blood pressure? \_\_\_\_\_ When was your last reading? \_\_\_\_\_
Please list the foods you've eaten in the past 24 hours: Breakfast: \_\_\_\_\_
Lunch: \_\_\_\_\_
Dinner: \_\_\_\_\_
Other: \_\_\_\_\_

Is this your typical diet? \_\_\_\_\_ What snacks & food do you crave? \_\_\_\_\_
Do you eat late at night? \_\_\_\_\_ Describe: \_\_\_\_\_
Is your diet high in fiber or bulk? \_\_\_\_\_ What kinds? \_\_\_\_\_
Do you take Laxatives? \_\_\_\_\_ What types? \_\_\_\_\_
Do you take any dietary supplements or herbs? Please describe (pills, liquid extract, tea, brand name): \_\_\_\_\_

Do you desire nutritional and herbal guidance or support? \_\_\_\_\_
When was the last time you took antibiotics? \_\_\_\_\_ What was it for? \_\_\_\_\_
Are you aware of probiotics? \_\_\_\_\_ Did you take some after your antibiotic use? \_\_\_\_\_

Please check all of the following that you've had in the past week: \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol
\_\_\_\_\_ Soda \_\_\_\_\_ Black Tea \_\_\_\_\_ Sugar \_\_\_\_\_ Tobacco

Do you sleep well? \_\_\_\_\_ How many hours nightly? \_\_\_\_\_
What are the stresses in your life? \_\_\_\_\_
What activities help with stress reduction? \_\_\_\_\_
How often do you do these activities? \_\_\_\_\_

Prioritize the following list (#1-5) as they are:
\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice
Now prioritize the following as you would like them to be:
\_\_\_\_\_ Work \_\_\_\_\_ Family \_\_\_\_\_ Self-Care \_\_\_\_\_ Meal Planning \_\_\_\_\_ Spiritual Practice

## Colon Hydrotherapy Client Information (Page 2)

Please mark Yes or No for the following conditions. If it was a health concern in your past, mark 'P' and the year. Are you pregnant? \_\_\_\_\_ When are you due? \_\_\_\_\_ Who is your midwife/doctor? \_\_\_\_\_

When was your last Sigmoid or Colonoscopy? \_\_\_\_\_ What were the results? \_\_\_\_\_

Who was your GI doctor? \_\_\_\_\_ Do you have diabetes? \_\_\_\_\_

Acute Fecal Impaction \_\_\_\_\_ Parasitic Infections \_\_\_\_\_

Irritable Bowel Syndrome \_\_\_\_\_ Constipation \_\_\_\_\_

Colitis \_\_\_\_\_ Mucous Colitis \_\_\_\_\_

Diverticulosis (Pocket Outward Pouching) \_\_\_\_\_ Diverticulitis (Infected Pocket) \_\_\_\_\_

Hyper / Hypothermia \_\_\_\_\_ Kidney Insufficiency or Failure \_\_\_\_\_

Crohn's Disease \_\_\_\_\_ Ulcerative Colitis \_\_\_\_\_

Severe Hemorrhoids \_\_\_\_\_ Acute Fistula \_\_\_\_\_

Rectal Fissure \_\_\_\_\_ Intestinal Ulcers \_\_\_\_\_

Bleeding Colitis \_\_\_\_\_ Aneurysm \_\_\_\_\_

Gastro-Intestinal Hemorrhage or Perforation \_\_\_\_\_ Recent Abdominal Liposuction \_\_\_\_\_

Recent Colon or Rectal Surgery \_\_\_\_\_ Other Recent Surgery \_\_\_\_\_

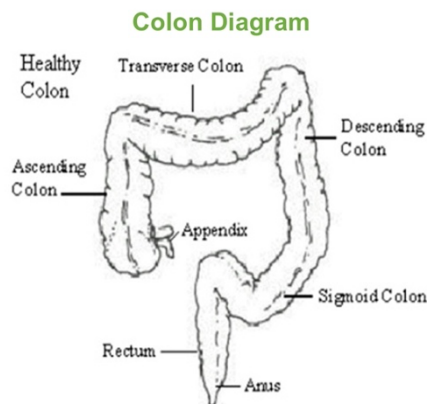
Abdominal Radiation \_\_\_\_\_ Acute Inflammatory Pathology of the Colon \_\_\_\_\_

Congestive Heart Failure \_\_\_\_\_ Cirrhosis of the Liver \_\_\_\_\_

Do you have a hernia? \_\_\_\_\_ Where? \_\_\_\_\_ Has it been patched? \_\_\_\_\_

On the **Colon Diagram** below, shade in areas that are a current or past concern, then initial after reading the **Contraindications** section.

Initial here: \_\_\_\_\_ List all known allergies \_\_\_\_\_



**Contraindications** - Who would not be a candidate for colon hydrotherapy treatments? If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a doctor. If you are diagnosed with lupus, diverticulitis, ulcerative colitis, Crohn's disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an abdominal hernia, have had recent colon surgery or renal insufficiency then you would NOT be a candidate for colon hydrotherapy treatments. Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy and under the direct supervision and advice from their physician. Professionally administered colon hydrotherapy is generally safe if you are free of the above cited conditions/contraindications.

What are you hoping to attain from your Colon Hydrotherapy sessions? \_\_\_\_\_

Do you have any health symptoms you would like to improve? \_\_\_\_\_

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

Be aware that every therapy, service, and product described or presented at Alder Brooke is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.

I, \_\_\_\_\_ agree that the above information is accurate to the best of my knowledge. I give Alder Brooke Healing Arts practitioners permission to share information with each other and the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I understand and agree to the terms of the Client Agreement, Payment Policies, and Honoring Our Professional Relationship sections below. I have read contraindications for colon hydrotherapy section above and I hereby agree that I am responsible for my health and the services received here.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

# Client Agreement

I have not been diagnosed with any contraindications for colon irrigation (see Contraindications section above). I am aware that colon irrigation and enema device facilities are NOT physicians and therefore does not INSERT, diagnose, or prescribe. I am aware that adverse events such as decreased electrolytes perforations, injury, and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own insertion. If I experience resistance during the 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 agree that the information I have given is accurate to the best of my knowledge. I give Alder Brooke Healing Arts permission to share information with the prescribing doctor, and evaluate and provide colon hydrotherapy. I am aware of and do not have contraindications. I have read and agree to the Informed Consent, Disclaimer, and Alder Brooke Healing Arts Guidelines & Policies sections below. I have read the contraindications for colon hydrotherapy section above. I hereby agree that I am responsible for my health and the services received here. I am aware of my 9<sup>th</sup> Amendment Rights to practice alternative health modalities. I confirm that I am 18 years of age or older.

## Informed Consent

I am not intentionally withholding medical information from the facilitator that is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects that have been explained to me. All of my questions have been answered and I agree to participate with this session.

## Disclaimer

*Every therapy, service, and product described or presented at Alder Brooke is NOT a cure for any disease, ailment, or health condition. NO MEDICAL CLAIMS are expressed or implied, either directly or indirectly, regarding the therapies, products, or services presented herein. We do not diagnose, treat, or prescribe.*

## ALDER BROOKE HEALING ARTS GUIDELINES & POLICIES

- ♥For woman on their menstrual cycle: It is perfectly fine to have colonics during menstruation.
- ♥Please remove any feminine hygiene products prior to getting onto the device.
- ♥Please help keep this a chemical free space and avoid the use of perfumes, products or smoking of any sort prior to your visit. Thank you for considering others.
- ♥Please arrive in a calm, relaxed state on time for your appointments. Thank you!
- ♥Please respect our scheduled appointment time. I request 72~48 hours notice if you wish to reschedule or cancel. Appointments rescheduled or canceled less than 48 hours in advance will be considered a missed appointment and the full fee is still expected.
- ♥To minimize distractions and ensure the safety of everyone, any person (i.e. partner, family member, caretaker, etc.) accompanying you during your visit must be at least 18 years of age or older.
- ♥If you have any questions or concerns before this appointment, please e-mail me here:

**Aloha@TaraAlder.com**

**Many blessings of health and joy to you! Tara Alder, CEO/Health Inspiration**



*Please respect our 72-48 hour cancellation/reschedule policy ~ thank you*

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## Payment Policies

Please note all payment is due at the Time of Reservation or Service.

### Alder Brooke Healing Arts Rates

**\$245 (up to 90-minute visit) All new guests/initial visits and many returning guests**

♥ Gratuity/tips are welcome, appropriate and appreciated ~ Thank you very much!

♥ Phone/Zoom sessions and In-person communication cost **\$195** an hour.

♥ Initial visit (up to 90 minutes) includes a consultation and first colonic: **\$245**.

♥ Cash and checks are preferred. We also accept MasterCard, VISA, Discover, American Express and any card payments I can swipe on my Square reader or that PayPal takes.

♥ Promptness is expected and appreciated. I will be looking to greet you within a 10 minute window of your scheduled reservation to assist you in feeling welcomed.

If you expect a delay, I appreciate your attempt to notify me, however, I do not keep a phone on me or check it frequently.

In the event of a delay, a shortened appointment time may be necessary, in which case the full~service fee is still expected. Please arrive no more than 5 minutes early or 5 minutes late. Thank you for honoring both of us by honoring our scheduled time!

♥ Please Note: Fee increases to the next time rate when additional time at the Alder Brooke facility is needed.

♥ I do not bill insurance. For clients who wish to bill their insurance provider directly, please request codes and a referral from your doctor or other health care provider. I can provide a written receipt **upon request** at the time the appointment is scheduled. Be sure to give me notice 72~48 hours prior to your reservation appointment so I have ample time to prepare a professional paper receipt for you. Full fee is expected at the time of service,

**Business Hours ♥ Monday ~ Friday  
10am ~ NOON and 1pm ~ 4pm**

**No refunds for services or products.**

**Outside of scheduled standard hours Appointments/Emergency/Urgent Appointments**

To ensure I can provide focused, high~quality care, be flexible and prioritize schedule change needs to accommodate the urgent shifts on short notice, outside of regular scheduled standard sessions ~

**Unscheduled Services Are Subject to a Double Rate Fee.**

For example:  
**Same Day, Lunch Hour, After Hours, Holidays,  
Weekend, or Emergency Sessions.**

*Please respect our 72-48 hour cancellation/reschedule policy ~ thank you*

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# Honoring Our Professional Relationship

Dear Guests of Alder Brooke Healing Arts,

Thank you very much for respecting my payment policies, my professional time and my space! You can count on me to assist you in getting started on your scheduled session right away upon arrival. I respect you and your time too!

I appreciate you self-enforcing these policies, so I am allowed to maintain my focus on high quality service and care. I am a compassionate person, empathetic to individual issues, financial issues and unexpected emergencies. I have these policies in place to ensure that both you (as my guest) and I can be assured of your well-being and our mutual respect, and to promote a clear understanding of what you can expect during our scheduled appointment times.

As a healing arts practitioner, it is my paramount obligation to provide the safest possible environment for myself, my staff, and my clients. Therefore, I request that each client honor the following safety guidelines:

- ~ To minimize distractions and ensure the safety of everyone, any person (i.e. partner, family member, caretaker, etc.) accompanying you during your visit must be at least 18 years of age or older.
- ~ Take responsibility for your health and support Alder Brooke Healing Arts by ensuring full health before arrival at our facility.
- ~ Consider minimizing public contact for 72 hours before your scheduled appointment time. If you are exposed to anything that may harm me or others, please cancel your appointment immediately.

Thank you for honoring our shared sacred space and the interpersonal nature of our relationship. Thank you for honoring our policy to pay the full appointment fee if you cancel or reschedule with less than 48 hours notice.

I find it pleasurable to develop personal relationships with my guests over time. I often very much enjoy our conversations and may occasionally invite you to be my guest outside of regular scheduled appointments for social events such as "healthy happy hours, or spontaneous sisterhood support circles and local art walks." See my e-mail newsletters for special invitations to gather socially. Other than these special occasions, I do not have relationships with guests outside of regular business. I do not take personal calls, texts or appointments from guests of Alder Brooke.

I thank you from my heart for respecting the care, effort and trust I maintain to conduct a healing arts practice in support of your health, my family and myself. Your ongoing support has enabled me to offer my services since 2000. I look forward to continuing to offer our community this unique service while maintaining the highest possible standards of care for all.

With love and gratitude,  
Tara Kahewai aloha Alder  
Alder Brooke Healing Arts

*Please respect our 72-48 hour cancellation/reschedule policy ~ thank you*  
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