

# INTAKE FORM & HEALTH CONSENT FORM

## **AGREEMENT:** (please read & sign)

The therapist giving me a colon hydro-therapy session is not a physician and does not provide medical services of any kind.

Clients are expected to seek and use such medical services as may be required from a physician.

The services of colon hydro-therapy is not designed to diagnose, treat or cure any disease or medical condition.

**DO NOT** discontinue any medical or supplementation prescribed by your physician.

I understand colon hydro-therapy is **NOT** a medical procedure and will not be covered by most medical insurances.

## **PLEASE READ AND CIRCLE YOUR ANSWER:**

Are you a member of the American Medical Association? YES NO

Are you a member of the \_\_\_\_\_ Medical Association? YES NO

Are you employed by the department of Consumer Affairs? YES NO

Are you employed by the Board of Medical Quality Assurance? YES NO

If you are a federal, state or local agent, upon entering these premises you must declare same under the Bivens Act – Article 42, and be held personally and individually liable.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND I HAVE TRUTHFULLY ANSWERED THE ABOVE QUESTIONS.**

CLIENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **PLEASE READ AND ACKNOWLEDGE BY YOUR INITIALS:**

Once you have scheduled an appointment, that time and date have been reserved for you! To cancel or reschedule, please call 24-hours prior to your appointment time. Appointments cancelled with less than 24-hour notice are subject to a cancellation fee. Missed appointments will be billed at the regular rate.

## **I have read and understand the above statements:**

Clients Initials: \_\_\_\_\_ Date: \_\_\_\_\_