3850 Foothills Road, Suite 9 Las Cruces, NM 88011 (575) 520-5077

Aría Wellness

Colonic Intake Form

Name:					Date:		
Address:							
Email:			Cell#	t:	*Carrier:		
Business/Occupa	tion:				Referred by	:	
How did you hea	r about us:						
HEALTH INFORM	ATION						
Height:	Weight:		Age:	Male:	Female:		
Are you experier	ncing any of t	he following	conditions	? (Please cheo	k which you are	currently	
experiencing). Constipation:				Acne:			
Heartburn:		Hemorrhoids:					
Overweight:				Aching join	ts:		
Bruise easily:		High stress:					
Bowel Gas:		Menstrual problems:					
Indigestion:		Poor concentration:					
Cellulite:		Allergies/Asthma:					
Diarrhea:				Water retention:			
Headaches:				Heart prob	lems (please indi	cate).	
Bloating:	-						
Candida:	_						
Health habits: Ho	ow often do	you use any o	f the follow	ving? D -daily	O –occasionally	R -rarely:	
LaxativesC	igarettes	Alcohol	Coffee_	Sodas	Antacids	Aspirin/Motrin	
Pain killers							
Dietary habits: H	ow often do	you eat the fo	ollowing? D	-daily O- occ	asionally R – rare	ely:	
Meat	Dairy	Whole	e grains	Veg	etables	Fruit	

Refined foods (white	bread, white rice, pasta, cookies)	Sweets/desserts
	_ How many glasses of water do you dr	
Have you ever had colonics before	e?	
Do you take vitamins, herbs or hor	meopathic medicines? Please specify.	
Do you take any medications? Plea	ase specify.	
Number of bowel movements eac	a week	
Have you been diagnosed with an	y of following?	
Irritable bowel disorder	Diverticulitis	
Irritable Bowel Syndrome (IBS)	Severe Hemorrh	oids
Colitis:	Fissures	
Crohns Disease	Colon Cancer	
Are you pregnant? If yes, H	ow many weeks?	
Have you had abdominal surgery v	within the past year? If yes, pleas	se specify.
Please list any other surgeries you	have had and dates	
Why did you come to see us today	?	
Thank you,		
Aria Wellness and Staff		

Patient Signature _____ Date _____

CONTRAINDICATIONS

If you are diagnosed with any of the following you will speak with your doctor and the Colon Hydro therapist further in detail to see if the treatment is safe for you. You would NOT be a candidate for colon hydrotherapy, unless authorized by your treating physician.

Diverticulitis Ulcerative Colitis Crohn's Disease Severe Hemorrhoids Rectal or Intestinal Tumors Recent Radiation Therapy Uncontrolled Hypertension Congestive Heart Failure Organic Valve Disease Aneurysm Blood Clots Severe Anemia GI Hemorrhage/Perforation Cirrhosis of Liver Fissures Fistulas Hiatal/Abdominal Hernia Recent Colon Caner Colon Surgery Renal Insufficiency

- Pregnant women are also advised to only receive colon hydrotherapy during the second trimester of their pregnancy, 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.

DISCLAIMER

Every therapy, service and product described or presented at Aria Wellness 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 any conditions/diseases. We are not licensed massage therapists, so we require permission to touch you if you desire. For services, such as a Foot Detox Spa, Foot Reflexology, and/or an abdominal massage during your colonic, we will require permission from each client. _____ (Initials)

As your therapist, we will start the colonic system for you, monitor your progress during the session, and stop the system for you upon completion of the session. _____ (Initials)

I agree that the above information is accurate to the best of my knowledge. I also, agree to inform the staff of any changes in my health, medical condition, and medications/supplements I am taking. _____ (Initials)

I give Aria Wellness and staff permission to evaluate (not diagnose, treat or prescribe) and provide colon hydrotherapy and other requested holistic alternative modalities. _____ (Initials)

I am aware of and do not have contraindications. _____ (Initials)

I have received a copy of Aria Wellness' Policies, as well as a list of the contraindications for colon hydrotherapy and I hereby agree that I am responsible for my health and the services received here. (Initials)

CANCELLATION POLICY

As a courtesy to other clients and therapists, appointments must be cancelled 24 hours in advance. If not, you will be charged 50% of the fee for your appointment. <u>No-shows</u> will be charged in full.

What if I arrive late?

Arriving to your appointment late will simply limit the time for your session. Your session will end on time so that the next client will not be delayed. If you arrive late it is up to you whether you prefer to receive a shortened session or pay for the appointment and reschedule.

Patient Signature	Date
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