

INFINITY HEALTH & WELLNESS CENTER COLON HYDROTHERAPY INTAKE FORMS

Date: _____

Name: _____

Email: _____

Mobile number: _____

Occupation: _____

Height: _____ Weight: _____ DOB: _____

How did you hear about us? _____

Why have you chosen to have a colonic at this time? Please check all that apply:

- 1) doctor prescribed _____
- 2) 9th amendment right to self treat _____
- 3) other _____

*** Contradictions: Have you ever been diagnose with any of the following:**

- | | |
|---|--|
| <input type="checkbox"/> Abdominal Hernia | <input type="checkbox"/> Rectal/Colon Surgeries |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Carcinoma /Cancer of the Colon |
| <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> GI Hemorrhage/Intestinal Perforations |
| <input type="checkbox"/> Dialysis Patients | <input type="checkbox"/> Chrohns disease |
| <input type="checkbox"/> Abdominal Distention | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Acute Liver Failure | <input type="checkbox"/> Diverticulosis/Diversticulitus |
| <input type="checkbox"/> Sever Hemorrhoids | <input type="checkbox"/> Currently Pregnant |
| <input type="checkbox"/> Sever Cardiac Disease | <input type="checkbox"/> Fissures/Fistulas |
| <input type="checkbox"/> Aneurysm (all types) | <input type="checkbox"/> Renal (Kidney) Insufficiencies |
| <input type="checkbox"/> Hemorrhoidectomy | |

INFINITY HEALTH & WELLNESS CENTER INFORMED CONSENT

If any of the before mentioned contraindications apply, I should NOT have colon hydrotherapy services without a doctor's permission. By signing this form and accepting service, I assume responsibility and waive any and all claims against Infinity Health & Wellness Center, LLC, it's owners and other colon hydrotherapists associated with this facility, and the equipment/product manufacturer, suppliers.

I am aware that adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema device use. I understand I will self-insert my own speculum and will be in full control of the procedure. If during my self-insertion of the sterile rectal tube there is any resistance or if I experience discomfort or pain, I am responsible for stopping my session and immediately notifying the therapist. I limit the right to seek relief for negligence or any other civil remedy against a person/facility providing services subject to the requirements of this section.

I request colon hydrotherapy and other holistic health and wellness coaching — related services. I understand that Infinity Health & Wellness Center, LLC does not claim to treat any disease or condition and that services are not intended as a substitute for regular medical care.

I, the undersigned, am in full agreement that colon irrigation is not a proven method, cure, or treatment of disease or condition, nor has it been portrayed as such. Colon irrigation in this facility is a self-administered procedure where I, as the user of the device, am solely responsible for my own actions and release liability regarding my health issues.

Signature: _____

Print name: _____

Date: _____

(for clients age 18 and under, the signature and attendance of the parent or guardian is required)

www.infinityhealthwellness.com | 3502 Scotts Ln, Phila, Pa
19129 | 267-338-9455

INFINITY HEALTH & WELLNESS CENTER

INFORMED CONSENT

Please check any of the following you have recently experienced

B/M painful/Difficult Bladder Infection Blood in stool
 Burning/Itching anus Heart trouble High Blood pressure
 Hemorrhoids Rectal Bleeding Recent Barium Enema
 Recent Colonoscopy Vomiting Laxatives

How often do you have bowel movements?

Any other symptoms? (HIV, positive, Hepatitis A,B, or C, etc.)

Are you under a physician's care? _____ If yes, please explain.

Have you had any surgical procedure within the past year? _____

WHAT ARE YOUR REASONS FOR COLON HYDROTHERAPY SESSION

1. _____
2. _____
3. _____

The device being utilized in this facility is a FDA Registered Class I or Class II gravity device that can be used prior to endoscopic procedures.

I am aware not all states have laws governing the use of colon irrigation / enema devices. At the time I sign this waiver of consent and that at anytime thereafter those laws can change and neither, I, my family, nor my representative(s) will hold the equipment manufacturer, facility or their employees responsible for my personal choice to receive colon irrigation at this facility nor hold them liable for any changes or variations of the law after the time of my dated signature below. All results of my session(s) are contributive to research and the utilization in future programs of Self Health Aid, while preserving my privacy, and waive any liability on behalf of the technician serving me.

Client signature: _____ Date: _____

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DISCLOSURE AND CONFIDENTIAL REQUEST FOR PROCEDURE

(A) There are no licensed physicians at this facility (INFINITY HEALTH & WELLNESS, LLC) and the individual servicing colon hydrotherapy is a colon hydro therapist, NOT a doctor/physician. This means that he/she cannot and will not:

- 1) Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body
- 2) Administer prescribe X-Ray radiation to another person
- 3) Prescribe or administer drugs or controlled substances to another person
- 4) Recommend the discontinuance of drugs or controlled substances prescribed by appropriately licensed practitioner
- 5) Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create risk of bodily harm, serious physical or mental illness or death
- 6) Set fractures
- 7) Treat lacerations or abrasions through electrotherapy
- 8) Hold out, state, indicate, or imply to a client or prospective client that he/she is a physician, or surgeon.

(B) Colon Hydrotherapy is alternative or complimentary to healing arts services licensed by the State

(C) The services of Colon Hydrotherapy and the Therapist that provides the services are not licensed by the State

1. (D) The session for Colon Hydrotherapy includes the following procedures:
 2. 1) The client will insert and retract the insertion speculum
 3. 2) Warm(temperature controlled and gravity flow) water will flow into the colon, softening the fecal material which will be released through normal peristalsis into the sewer
 4. 3) Your dignity, modesty and privacy will be maintained at all times
 5. 4) The session will last approximately 30-45 minutes

Client signature: _____ Date: _____

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PLEASE READ THE FOLLOWING AND SIGN BELOW:

CANCELLATIONS:

I understand that in the unlikely event of cancellation INFINITY HEALTH & WELLNESS, LLC requires full 24-hour cancellation from me. I understand that I will be responsible for a \$25 late-cancellation fee if the appointment is cancelled under 24 hours prior to my appointment. I also understand that this fee is non-transferable.

NO SHOWS:

I understand that in the unlikely event of a no show, I am responsible for full payment of the appointment.

TARDINESS:

I understand that I am to arrive on time for my appointments. I also understand that my session time may be shortened if I am late for the appointment. I will not be discounted or refunded for the shorter amount of session time received.

DISCOUNTED PRE-PAID PACKAGE SERIES:

I am aware that if I decide to do a pre-paid* series of treatments I will pay a discounted rate. There are no refunds for missed or unused appointments and all sessions must be used within the applicable time of purchase as per below. Pre-paid sessions are non-transferrable.

**3 pack of pre-paid sessions expire in 3 months; 6 pack expire in 6 months; 12 pack expire in 12 months.*

Signature: _____

Print name: _____

Date: _____