

# Boulder Colonic Center

6903 Totara Place, Niwot, CO 80503

303-530-3899

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

List **Any** Allergies: \_\_\_\_\_

List Current Medications: \_\_\_\_\_ What for? \_\_\_\_\_

List Current supplements, herbs, **Laxatives & All** over the counter medications: \_\_\_\_\_

Any Current illnesses or specific problems? \_\_\_\_\_

List **ANY & ALL** surgeries or procedures including pregnancies: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ # of bowel movements per day? \_\_\_\_\_ Average # of ounces of water per day? \_\_\_\_\_

What is your goal in receiving a colonic enema or anything else you want me to know about prior to receiving a colon enema cleanse?  
\_\_\_\_\_

Please check and circle any of the following that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abdominal/rectal pain        | <input type="checkbox"/> Crohn's Disease*               | <input type="checkbox"/> Kidney problems/stones            |
| <input type="checkbox"/> Abdominal gas, or bloating   | <input type="checkbox"/> Diverticulitis/Diverticulosis* | <input type="checkbox"/> Low back/joint pain               |
| <input type="checkbox"/> Aneurysm – all types*        | <input type="checkbox"/> Difficult or Painful BM        | <input type="checkbox"/> Lung disorders                    |
| <input type="checkbox"/> Arthritis/Bursitis           | <input type="checkbox"/> Fissures/Fistulas*             | <input type="checkbox"/> Mood swings                       |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Fatigue                        | <input type="checkbox"/> Muscle cramps                     |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Vomiting                       | <input type="checkbox"/> <i>Females:</i> pregnant?         |
| <input type="checkbox"/> Bad breath                   | <input type="checkbox"/> Fibromyalgia                   | <input type="checkbox"/> Menstrual problems/changes?       |
| <input type="checkbox"/> Bladder Infection            | <input type="checkbox"/> Frequent Colds                 | <input type="checkbox"/> <i>Males:</i> Prostrate problems? |
| <input type="checkbox"/> Bleeding rectal or elsewhere | <input type="checkbox"/> Gall Bladder problems/stones   | <input type="checkbox"/> Rectal or Colon surgery*          |
| <input type="checkbox"/> Blood sugar high or low      | <input type="checkbox"/> Gout                           | <input type="checkbox"/> Ringing or plugged ears           |
| <input type="checkbox"/> Blood Pressure high or low   | <input type="checkbox"/> Headache                       | <input type="checkbox"/> Skin problems                     |
| <input type="checkbox"/> Burning or itching anus      | <input type="checkbox"/> Heart Disease/hypertension*    | <input type="checkbox"/> Sinus problems                    |
| <input type="checkbox"/> Cancer – type _____          | <input type="checkbox"/> Hemorrhoids                    | <input type="checkbox"/> Sleep disorders                   |
| <input type="checkbox"/> Cardiac condition _____*     | <input type="checkbox"/> Hepatitis                      | <input type="checkbox"/> Sweaty feet or odor               |
| <input type="checkbox"/> Cholesterol high or low      | <input type="checkbox"/> Hernia*                        | <input type="checkbox"/> Thyroid high or low               |
| <input type="checkbox"/> Colonoscopy                  | <input type="checkbox"/> Herpes                         | <input type="checkbox"/> Trouble concentrating             |
| <input type="checkbox"/> Constipation or diarrhea     | <input type="checkbox"/> Irritable Bowel Syndrome       | <input type="checkbox"/> Vision blurred                    |

I have read, initialed, and understand the following:

- \_\_\_\_\_ I understand I am choosing to receive a colonic enema. I will be alone in the room part of the time with a bell to ring.
- \_\_\_\_\_ I understand there is a **24-hour cancellation policy**. Failure to give adequate notice or missed appointments will require payment in full.
- \_\_\_\_\_ I understand that if I have heart conditions, bowel, abdominal, rectal pain/bleeding, or hernias, I must first see a doctor prior to receiving a colonic enema. I hold Mardell Hill (AKA: Karen Mardell Hill) harmless of any of my medical conditions or risks from receiving colon hydrotherapy/colonic enema.
- \_\_\_\_\_ I will be self-inserting the rectal nozzle and may remove myself, at any time, from the rectal nozzle during the colonic enema by backing away from the tank. I will be removing myself from the rectal nozzle at the end of the process.

I understand that I intend, by choice, to receive a colonic enema service. I am aware of the risks and choose to do this service. I have disclosed all information regarding my health that would be relevant to the providing of these services. I have been given an opportunity to ask appropriate questions regarding the service.

I agree that neither I, my heirs, assigns or legal representatives will libel, slander, sue, or participate in a suit and release claims of any kind whatsoever against Mardell Hill (AKA: Karen Mardell Hill), family members, or associates, for any character assassination, personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I accept full responsibility for any risks and understand any violation of these terms and conditions can result in legal action against me and will be responsible for any legal fees against me.

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date