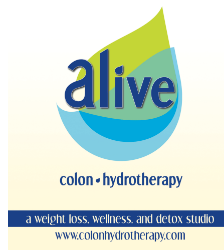


Alive colon hydrotherapy
Weight Loss, Wellness, and Detoxification

Preparing for your Session

To derive the greatest benefit from your session, begin hydrating a couple days (48 hours) before your appointment by increasing your fiber intake, eating light foods, such as steamed vegetables, fresh vegetables, soups, fruits, lentils, beans, etc. Avoid heavy foods such as red meat, deep fried foods, dairy products, and refined foods (chips, crackers, breads etc). Drink plenty of herbal teas (not black) to assist your body in removing toxins. We recommend using the brand Yogi for your herbal teas(because they are all organic and offer a blend of herbs versus just one). ***If you would like to begin an herbal cleansing program before your appointment, please call the office. We carry a wide range of cleansing products that will help you to maximize your results.***

After your colon hydrotherapy session:

Eat light foods, such as steamed vegetables, fresh vegetables, soups, fruits, smoothies, etc. Avoid heavy foods such as red meat, deep fried foods, dairy products, and refined foods. Drink plenty of water to assist your body in removing toxins. You should be able to return to work or resume your daily activities immediately after your appointment. If possible, spend your evening taking a bath, resting, and relaxing.

Thank you for making this powerful investment in your health. We look forward to working with you!

Signature_______________________________________ Date: ________

Print Name_________________ Email________________ Phone________________

Nutritional Informed Consent

According to the Federal Food, Drug and Cosmetic Act, as amended Section 201 (g) (1), the term "DRUG" is defined to mean:"Articles *intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of diseases*."

Although a Mineral, Trace Element, Amino Acid, Herb, may have an effect on any disease process or symptom, this does not mean that it can be misrepresented or be classified as drug by anyone. Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and/or therapy for any disease or particular bodily symptom. I will make recommendations for you. Any recommendations that I make for you, are to help restore, alleviate, improve, correct, balance and normalize the body.

Nutritional counseling, vitamin recommendations, herbal recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition by supporting the physiological and bio-mechanical processes of the human body. Any recommendations that I make are for the reduction of stress only. They are not intended as treatment or prescription for any disease or as a substitute for regular medical care.

Acknowledgement and Consent to Receive Services: I have read and understood the above disclosure about the nutrition services and colon hydrotherapy services offered by alive colonhydrotherapy. I have discussed with alive colonhydrotherapy the nature of the services to be provided. I understand that employees of alive colonhydrotherapy are not a licensed physicians and that nutrition services and colon hydrotherapist sessions are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider. I have consented to use the services offered by Alive colon hydrotherapy, and agree to be personally responsible for the fees for the services provided to me. I have read and understand the above:

Signature: ____
Date:_________________________

Insertion Consent Form

The process of self inserting and retracting the speculum is described below. It is a very simple, quick and painless procedure.

To insert: Client lie on their left side with both knees comfortably drawn up to their chest. The right arm will be brought back over body to insert the speculum.

To Retract: Client will return to their left side after the session and reaching around with right arm, same as above, remove the speculum.

The speculum should run parallel with rectal wall, (not touching the sides of the rectum) in order for there to be an uninterrupted flow of water and waste material released throughout the session. The rectum is approximately 5” long and 3/4” in diameter so the speculum will sit comfortably in place when correctly inserted. Body Detox & Weight Loss Center uses State of the Art, registered FDA equipment and one use, disposable speculums dedicated to each individual session.

DECLARATION OF UNDERSTANDING AND COMPLIANCE

I, ____________________________, the undersigned, understand and agree to the above procedure of self insert/retraction. I understand that the therapist will be present at all times to supervise and instruct me. If you are unable to comply with this, please do not sign this, and let your therapist know right away.

Signed ____________________________ Date____________________

Score: (office use)_______

Today's Date: ____ / ____ / __________

This questionnaire is designed to assess the potential need for a purification program. Please answer based upon your health profile for the past 90 days.

0 Rarely or never experience the symptom.

1 Mild – Symptom occurs once or twice per month.

2 Moderate – Symptom occurs several times per month.

3 Severe – You are aware of this constantly and really want this taken care of.

System	Rating	System	Rating
Gas	0 1 2 3	Fatigued When Awake	0 1 2 3
Fatigued/Sluggish All the Time	0 1 2 3	Stomach Bloating	0 1 2 3
Constipation	0 1 2 3	Irritable	0 1 2 3
Food Allergies	0 1 2 3	Seasonal Allergies	0 1 2 3
Use Laxatives	0 1 2 3	Bad Breath	0 1 2 3
Stool alternates Soft to Watery	0 1 2 3	Crave Sweets	0 1 2 3
Coated White Tongue	0 1 2 3	Heartburn	0 1 2 3
Dizziness	0 1 2 3	Dry Skin	0 1 2 3
Skin Rashes	0 1 2 3	Irritable Bowl	0 1 2 3
Gas After Eating	0 1 2 3	Greasy Food Upsets	0 1 2 3
Rapid Digestion	0 1 2 3	Nightmares	0 1 2 3
Nausea/Vomiting	0 1 2 3	Belching	0 1 2 3
Passing Gas	0 1 2 3	Itchy Ears	0 1 2 3
Anxious/Nervous/Fearful	0 1 2 3	Anger	0 1 2 3
Hyperactivity	0 1 2 3	Restless	0 1 2 3
Insomnia	0 1 2 3	Startled/Awake at Night	0 1 2 3
Itchy/Watery Eyes	0 1 2 3	Sticky/Swollen Eye Lids	0 1 2 3

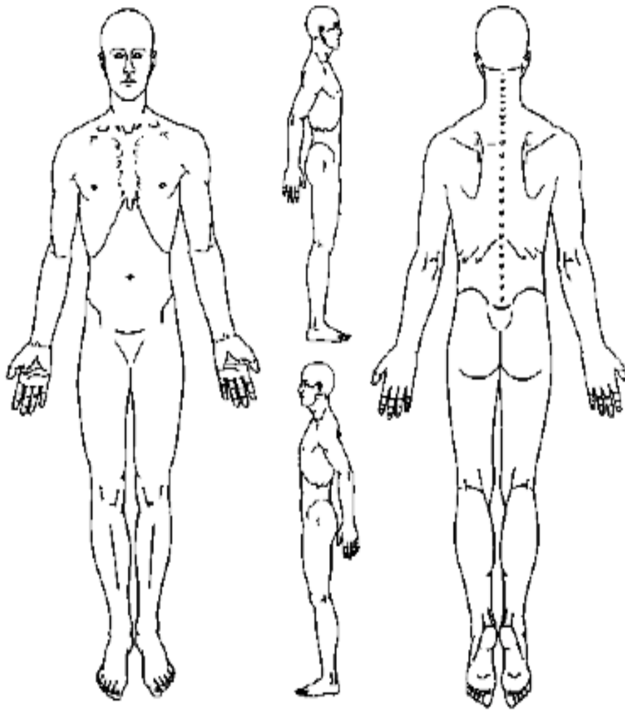
Blurred/Tunnel Vision	0 1 2 3	Headaches	0 1 2 3
Faintness	0 1 2 3	Head Pressure	0 1 2 3
Chest Congestion	0 1 2 3	Asthma/Bronchitis	0 1 2 3
Shortness/Difficulty Breathing	0 1 2 3	Poor Memory	0 1 2 3
Confusion	0 1 2 3	Poor Concentration	0 1 2 3
Difficulty Making Decisions	0 1 2 3	Poor Coordination	0 1 2 3
Stuttering/Slurring/Stammering	0 1 2 3	Learning Disabilities	0 1 2 3
Chronic Coughing	0 1 2 3	Constant Clearing of Throat	0 1 2 3
Swollen Tongue/Gums/Lips	0 1 2 3	Discolored Tongue/Gums	0 1 2 3
Canker Sores	0 1 2 3	Sinus Issues	0 1 2 3
Stuffy Nose	0 1 2 3	Hay Fever	0 1 2 3
Sneezing Attacks	0 1 2 3	Mucous	0 1 2 3
Acne	0 1 2 3	Hives	0 1 2 3
Hair Loss	0 1 2 3	Flushing of Skin	0 1 2 3
Excessive Sweating	0 1 2 3	Skipped Heartbeats	0 1 2 3
Rapid Heartbeats	0 1 2 3	Chest Pain	0 1 2 3
Painful/Achy Joints	0 1 2 3	Rheumatoid Arthritis	0 1 2 3
Stiffness/Limited Movement	0 1 2 3	Osteoarthritis	0 1 2 3
Pain/Aches in Muscles	0 1 2 3	Back Aches	0 1 2 3
Feeling of Weakness	0 1 2 3	Binge Eating/Drinking	0 1 2 3
Cravings	0 1 2 3	Compulsive Eating	0 1 2 3
Excessive Weight	0 1 2 3	Underweight	0 1 2 3
Water Retention	0 1 2 3	Frequent Illness	0 1 2 3
Frequent Urge to Urinate	0 1 2 3	Leaky Bladder	0 1 2 3
Genital Discharge	0 1 2 3	Itchy Genitals	0 1 2 3

Are you experiencing pain? _____ Yes _____ No

How long have you had pain? _____ Years _____ Months _____ Weeks

Is this your first pain episode? _____ Yes _____ No

Please shade in the areas that you are experiencing pain and/or discomfort.

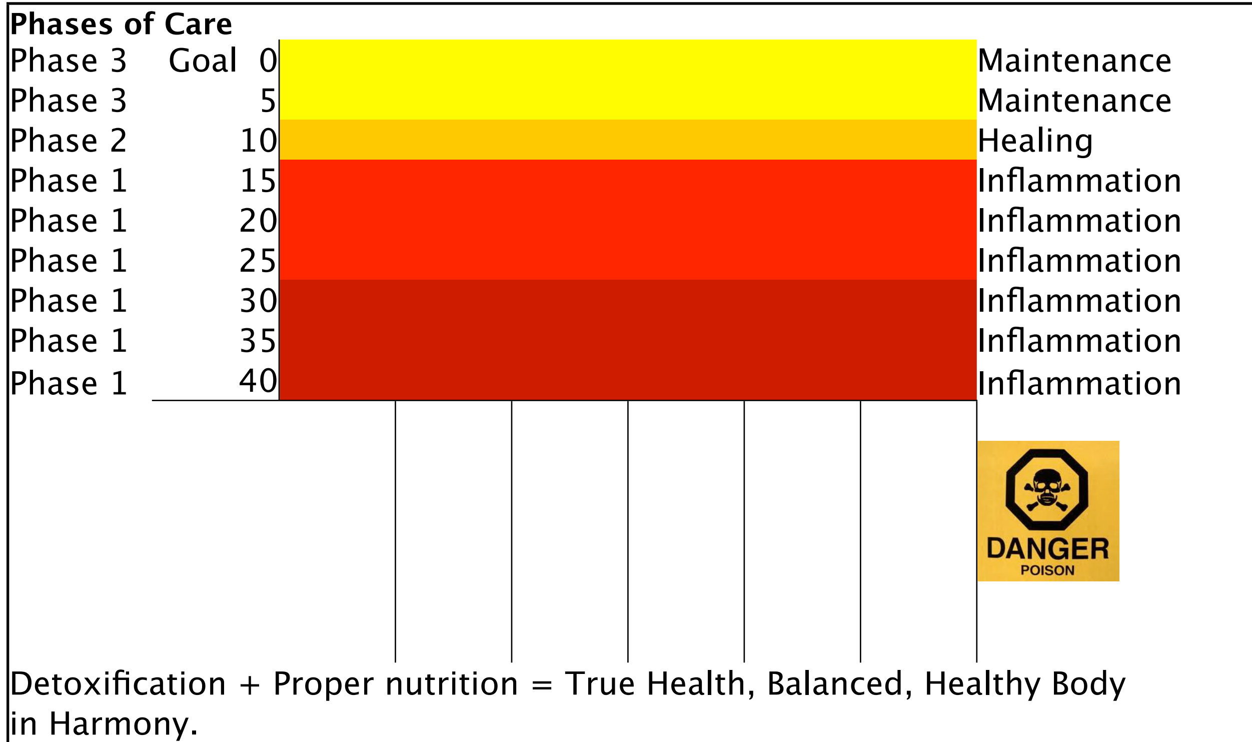


Top 5 physical complaints in order of importance:

1. ____

2. ____

3. ____


Phases of Care
Phase 3 Goal 0
Phase 3 5
Phase 2 10
Phase 1 15
Phase 1 20
Phase 1 25
Phase 1 30
Phase 1 35
Phase 1 40
Maintenance
Maintenance
Healing
Inflammation
Inflammation
Inflammation
Inflammation
Inflammation
Inflammation
DANGER
POISON
Detoxification + Proper nutrition = True Health, Balanced, Healthy Body in Harmony.