

Janelle Maurin, Certified Colon Hydro-therapist, Certified Bowen Therapist 1000 N 9th St, Ste. 42, Grand Junction CO 81501 970-270-6754

Health Questionnaire

Name	Date					
Address	City	State	Zip_			
Telephone (Circle preferred) Home	Work		Cell			
EmailF	Referred By					
Is this your first Colonic/Bowen? If no, when?						
Height Weight Birth Date	Marital Statu	s	Male _	_Female		
Are you currently under a medical doctor's care:_	Explain	I				
Doctor's Name	Dr.'s Telephone #					
Emergency contact information						
Are you pregnant? Childbirth histor	У					
Last Colonoscopy						
List all known allergies						
List all surgeries						
List all medications						
List all supplements						
Please put an " X " beside anything that is currently a health challenge. Put a " P " beside a past problem.						
ConstipationAllergiesHemorrhoidsYeast infectionIndigestionInsomniaBelchingAnemiaFlatulence/gasIrritabilityUlcersHypoglycemiaUlcerative ColitisDiabetesArthritisSinus problemHeadachesHepatitisFatigueHerpesBack achesAsthmaVision problemsParkinson'sDizzinessCancerAcid refluxHiatal herniaDiverticulitisRecent BoweDiverticulosisPolyps	onsIr C In Ar B msP msU B B Pr P P W Di I SurgeryR	all bladder npaired hea ysts/tumors fections ntibiotic use irth control rostate pro rination pro ood pressu reast impla regnancies syche diso dater retenti ifficult mens ectal/Colon crohn's	pills blems blems ire ints rders on struation			

Explain_

Bowel Habits

How often do you have a bowel mov	ement	What time of day			
Are they (Circle): Spontaneous?	Only after eating?	Requires straining?	Effortless?		
Do you have hemorrhoids or other re	ectal problems?				
How often do you use a laxative	Herbal laxative	Stool Softener			
Suppositories Enemas_					
Have you ever had rectal bleeding?_	If yes, when_				
Mark a "Y" for yes and an "N" for	no. If yes, list amount and	d frequency.			
coffee	diet	diet programs			
tea	veg	vegetarian/vegan			
carbonated drinks	exe	exercise (type & frequency)			
alcohol	hou	hours sleeping			
tobacco	stre	stress mgmt. (type)			
sugar/salt cravings	dai	dairy products			
plain water intake per day	Sou	Source of water			
average stress level (0-10)					
Any family history of digestive proble What do you hope to achieve from the					
Signature		Date			
I, THE CLIENT, ACKNOWLEDGE T CURRENT.	HAT I ALL INFORMATIO	N I HAVE GIVEN IS COP	RRECT AND		
LUNDERSTAND ALL APPOINTME	NTS MUST BE PAID AT T		LINI ESS		

I UNDERSTAND ALL APPOINTMENTS MUST BE PAID AT THE TIME OF SERVICE, UNLESS ARRANGEMTNS HAVE BEEN MADE.

I UNDERSTAND THAT THERE IS A FULL CHARGE FOR LESS THAN 24 HOURS NOTICE TO CHANGE OR CANCEL APPOINTMENTS.

COLON HYDROTHERAPY INFORMED CONSENT

١,

, have decided to undergo

a Colon Hydrotherapy procedure.

Colon Hydrotherapy is intended to irrigate the lower bowel. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure.

I understand that I will insert a tube/speculum into my rectum, and agree that I will witness that the tubing is sterile from a new container; the technician using sterile or new instruments.

Possible side effects of Colon Hydrotherapy include but are not limited to:

- 1. Perforation of the rectum or colon; the risk of which increases with age. I agree that I am not over the age of 65 or under the age of 18. _____ Initial
- 2. Allergic reaction to nozzle or solution _____ Initial
- 3. Electrolyte imbalance _____ Initial
- 4. Infection. _____ Initial

I confirm that I do not have the following contraindicated conditions which would make me ineligible for Colon hydrotherapy: Kidney Dialysis/Disease, Renal failure or renal insufficiency (kidney failure), Cirrhosis of the Liver, Pregnancy._____ Initial

I understand that Colon hydrotherapy should be avoided by people suffering from the following, unless prescribed by a physician: Anemia (severe), Aneurysm, Carcinoma, Cardiac Disease (severe, uncontrolled hypertension/high blood pressure), Crohn's Disease, Congestive heart failure, Diverticulitis (severe or actue), Fissures/fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (Incarcerated Abdominal), Prostatisis, Recent Abdominal Surgery (last six months), Tumors, Ulcerative Colitis. I confirm that I am not suffering from any of these ailments._____ Initial. If I do have any of these ailments, I have a doctor's prescription to receive treatment today._____ Initial.

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this procedure. _____ Initial

This list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any medication or procedure.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this colon hydrotherapy treatment and release the doctor, the person performing the colon hydrotherapy procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Notice Designed to Comply with the Colorado Natural Health Consumer Protection Act As promulgated in SB 13-215 signed into Colorado law on June 5, 2013

Janelle Maurin – Spinning Tree Healing 970-270-6754

1000 N 9th ST Ste 42 Grand Junction, CO. 81501

Colon Hydrotherapy services provided at this center comply with the Colorado Health Freedom Act. Before seeking colon hydrotherapy, we recommend you seek the advice of your healthcare provider or primary care physician. In compliance with this act, you must be advised:

A) There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a colon hydrotherapist, they are not a physician. This means and implies that they cannot and will not:

(1) Perform surgery or any other invasive procedure, including a procedure that requires entry into the body through skin, puncture, mucosa, incision, of other intrusive method.

(2) Administer or prescribe X-ray radiation to another person.

(3) Prescribe, administer, inject, dispense, suggest, or recommend a prescription of, or legend drug, or controlled substance, or device identified in the Federal "Controlled Substance Act" 21 U.S.C. Sec 801 Et Seq., as amended.

(4) Use general of spinal anesthetics other than topical anesthetics.

(5) Use a laser device that punctures the skin, incises the body, or is otherwise used as an invasive instrument.

(6) Practice midwifery.

(7) Practice psychotherapy.

(8) Perform spinal adjustment, manipulation, of mobilization.

(9) Provide Optometric Procedures or interventions that constitute the practice of optometry.

(10) Directly administer medical protocols to a pregnant woman or to a client who has cancer.

(11) Treat a child who is under the legal adult age of eighteen years.

(12) Provide dental procedures or interventions that constitute the practice of dentistry.

(13) Set fractures.

(14) Practice or represent that he is practicing massage therapy or providing deep stroking muscle tissue of the human body.

(15) Provide a conventional medical disease diagnosis to a client.

(16) Recommend the discontinuation of a course of care including a prescription drug that was recommended or prescribed by a health care professional.

(17) Hold oneself out as or indicate, advertise, or imply to a client or prospective client that he is a physician, surgeon, or both, or that he is a health care professional who is licensed, certified, or registered by the state.

(B) Colon Hydrotherapy is an elective alternative or complementary to the healing arts services licensed by the state.

(C) The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state of Colorado.

(D) The session of colon hydrotherapy includes the following procedures:

(1) The client will insert and retract the speculum.

(2) Warm (temperature and <u>pressure regulated</u> and controlled) water will flow into the large intestine softening the fecal material which will be released through normal <u>peristalsis</u> into the sewer.

(3) Your dignity and modesty will be maintained always.

(4) The session on the table will last approximately 30-45 minutes. I have professional liability insurance specifically for colon hydrotherapy.

(E) The theory of colon hydrotherapy is more historical and intuitive than scientific as there have not been any medical studies to validate the effectiveness of this modality. It is purported this started thousands of years ago with the simple enema which has evolved into present day colon hydrotherapy. Good-sense indicates hydration of the body through the large intestine could enhance the health of the individual when they are medically stable and without medical contraindications. Many people simply report they feel better after colon hydrotheray; maybe due to hydration and/or the release of the bowel contents.

On the other hand, there is a growing number of health care practitioners that believe in autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the large intestine. This theory may or may not have validity depending on who you listen to, but we know there is an increased level of toxins in our environment and logic tells us that anything we can do to assist the body in ridding itself of toxins should, and does, have some value.

(F)) I, JANELLE I MAURIN, have been <u>trained</u> by I-ACT and follow the I-ACT Guidelines. I am currently certified by I-ACT at the International School of Colon Hydrotherapy with Cathy Shea, and currently certified by I-ACT at the FOUNDATION LEVEL since 2009, and have been in practice for 4 YEARS. You may validate this information by checking with the I-ACT Office at or go to the I-ACT website at <u>www.i-act.org</u> and then check the referral section.

I, the client, acknowledge that I have read the above disclosure and have been given a copy of this document. This information was provided to me in a language I can read and understand. This document will be maintained for two years after the last date of service.

Client Name

Client Signature

Date

*** All clients must read, understand, agree, and sign this disclosure ***



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Preparation suggestions for Colonics:

Food/Water:

At least five days prior to session:

- Increase water intake to a minimum to ½ your body weight in ounces. Increasing your water intake is a natural daily detox since our bodies are made up of about 80% liquid. It is important to keep the pipes and pathways free of as much muddy liquid as possible. Water is water and any other beverage does not count towards half your body weight in ounces of water.
 - **Tid Bits**
 - Most of the time when people experience headaches it is due to dehydration.
 - Dehydration may be indicated by a sense of hunger.
 - Bottles like Nalgene are great to keep water safe of any toxic material that may be leaking into your water. They can also help you keep record of how much water you drink in a day. Ensure you are using BPA free bottles. You can also consider stainless steel. BPAs could be in old Nalgene bottles, and other older plastic bottles.
- 2. Increase fresh organic foods, salads, fruits, veggies and juices. Dilute juice with ¹/₄ ¹/₂ water to dilute the amount of sugar. Even with 100% or natural juices.
- 3. Minimize processed foods. (Did you make it from scratch or buy it already made?)
- 4. Incorporate 2 Tbsp. of ground flax seeds, flax seed oil and/or fish oil daily. You may do both or alternate them. These can be mixed into food or smoothies to make consumption easier. The benefits are; increased immune system, better brain function, joint lubrication, improved movements, clearer more radiant skin and overall more optimal organ function. Flax seed and fish oils are most needed especially in high altitude and those furthest from fresh fish sources.
- 5. Chewing your food completely is the first key for better digestion, vital nutrition absorption and healthy bowel movements. *"Eat your liquids and drink your food"*
- 6. For optimal health it is vital to eat live fresh foods as much as possible. This doesn't mean you have to stop having your favorite foods, just shift the source/ ingredients.
 - **Examples**
 - Bread: replace enriched wheat to sprouted, whole grains, Quinoa, etc...
 - Pasta: Whole Grain, Quinoa
 - Cheese: Raw, Raw goat, and Sheep cheese
 - Milk: Soy, Rice, Hemp, Almond, Oat, Coconut, Hazelnut, Sesame
 - Sweeteners: Stevia, Raw local Honey, Grade B Maple Syrup
 - Chips: Corn, Baked, whole ingredients
 - Oil: Coconut, olive, grapeseed
 - o No hydrogenated oil, as it gets rancid at high temps

On the Day of your Session

- 1. Eat a small light meal 2 hours prior to your session. Digestion needs to be minimal to go deeper into purging fecal matter. This is so the body can fully concentrate on releasing.
- 2. Drink 20 ounces of water 1-2 hours prior to your session. When the 1 hour mark approaches, have your last bit of water to stay hydrated, though no more so the bladder will not be agitated while in session.
- 3. Think ahead. Plan your food you will be eating that day.
 - When going through detox of the body, different emotions can be experienced such as; agitation, sadness, anxiety, moodiness. This can trigger us to revert to comfort foods that are not the healthiest for us.
 - Energy levels can increase and drop unexpectedly. Do not reach for stimulants like caffeine, energy drinks or surgery juices to help you wake up. Allow time for your body to rest during this process. Remember it is temporary and you will be feeling better in the long run.
 - Think about eating lightly and choosing soft, easily digestible foods. Examples include soups, steamed vegetables and whole grains.
 - Stay hydrated in between meals. It is best to have liquids outside of meals so as not to dilute natural enzymes. When the stomach is cooled below 96 degrees Fahrenheit, food has an increased challenge of optimal digestion, such as drinks with ice in it.

Supplements and Support

- 1. Magnesium This helps with calcium absorption, muscle relaxation, aids in better sleeping and it hydrates the colon resulting is softening of your waste. This is a great assistant to having optimal colonics. Natural Calm is my favorite brand. Check with me on dosing for your specific needs.
- 2. *Probiotics* High in the Billions!!! These little guys are your best defense for awesome digestion. They not only help you break down your food, but they also naturally serialize your digestive tract, they boost your immune system, increase bowel movements and they help sweep out gas! Ask me for suggestions.
- 3. *Electrolytes*- One of our best friends in the colon. Electrolytes tell our body what to do with the water we consume. Do we hold on to it? Do we let it go? Why not utilize it to help flush out toxins and bathe our cells in nutrients! Coconut water is an excellent source of natural electrolytes. If you don't care for Coconut water try the Elete Electrolytes I have in the office. Eight drops or more a day and they are tasteless in water.
- 4. Bowel Cleanser Non habit forming/ herbal formulas are the best. They encourage peristaltic action to increase movement of fecal matter. Senna and Cascara are habit forming to the bowel with long term use. I have several suggestions. Let's talk about which is best for you.
- 5. Digestive enzymes Chew your food properly so these guys can break it down even more. Get the most out of your food by taking enzymes.