



Pittsburgh Alternative Health, Inc.

20 Cedar Boulevard, Suite 303, Mt. Lebanon, PA 15228

Phone 412-563-1600 Fax 412-563-2040

Confidential Request for Procedure

Please PRINT and Answer all Questions:

Date: ____/____/____

NAME: _____ PHONE: (home) _____ (work) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OCCUPATION: _____ HOW LONG?: _____

HEIGHT: _____ WEIGHT: _____ BIRTH DATE: _____ AGE _____

EMAIL: _____ How did you hear about us? _____

Why have you chosen to have Colon Hydrotherapy Session(s)? _____

• Are you under a medical provider's care? _____ Medical Provider's Name: _____

• Are you here by Prescription? _____ • Are you in any pain? _____ Where? _____

***Contraindications:** (✓) and Date if ever had any of the following:

DATE

- _____ Abdominal Hernia
- _____ Abdominal Surgery
- _____ Abnormal Distension
- _____ Acute Liver Failure
- _____ Anemia
- _____ Aneurysm-All Types
- _____ Carcinoma of the Colon
- _____ Cardiac Condition
- _____ Crohns Disease
- _____ Colitis
- _____ Dialysis Patients
- _____ Diverticulosis/Diverticulitis
- _____ Fissures & Fistulas
- _____ Hemorrhaging
- _____ Hemorrhoidectomy
- _____ Intestinal Perforations
- _____ Lupus
- _____ Pregnant -Due Date _____
- _____ Rectal/ Colon Surgery
- _____ Renal Insufficiencies
- _____ Taking medications which may weaken intestinal walls

Do you have or have you had any of the following? (check all that apply)

- _____ Bladder Infection
- _____ Bloating
- _____ Blood in Stool
- _____ BM Painful/ Difficult
- _____ Burning/ Itching Anus
- _____ Constipation
- _____ Diarrhea
- _____ Infectious Disease
- _____ Hemorrhoids
 - _____ Internal _____ External
- _____ Rectal Bleeding
- _____ Recent Barium Enema
- _____ Recent Colonoscopy
- _____ Strain
- _____ Use Laxatives
- _____ Vomiting
- _____ Date of Last Menstrual _____
- _____ Other _____

• If any Contraindications Checked, Please Explain:

I have not been diagnosed with any contraindications for colon hydrotherapy. (*See above). I am aware that this colon irrigation and enema device facility has a Licensed Medical Director that is not on site. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. Should I experience resistance during the nozzle insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session. I am aware that Certified Therapists do not insert, diagnose, prescribe and not cure or treat any condition or disease.

CLIENT SIGNATURE: X _____ DATE ____/____/____

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

I have reviewed this form with my client. Therapist Signature: _____

Medications and Why Taking: _____

Important Notes or Concerns: _____

ATTENTION: PREPAID SESSION PACKAGES ARE SOLD AS FOLLOWS:

1. All prepaid colonic procedures are to be used within 12 months of purchase date.
2. No Show appointments are counted as a used session or billed \$50 if done without a 2 business day (48 hour) advance cancellation.
3. Confidential information should be updated after twelve sessions.
4. **No refunds** are given on pre-purchased colon hydrotherapy sessions!
5. Pre-paid colon hydrotherapy sessions are **non-transferable!**

CLIENT SIGNATURE: X _____

(For clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)