



Colon Hydrotherapy Health Questionnaire

Today's Date: _____ Referred By: _____

Name: _____ M F Birthdate ____ / ____ / ____

Age: _____ Height: _____ Weight: _____ Occupation: _____

Mailing Address: _____ City: _____ State:

_____ Zip: _____ E-mail: _____

Primary phone: (____) _____ Secondary phone: (____) _____

Would you like to receive my newsletter?

List briefly your expectations for this appointment/consultation (what do you want to occur):

List your main health concerns and state briefly how long each has been an issue for you:

List all medications and/or supplements that you are currently using (please include why you are taking them if possible). Be sure to include non-prescription medications such as aspirin, laxatives, vitamins, minerals, homeopathic, herbs, etc.

Have you had any kind of surgery in the past year? Any abdominal surgery at any time? If so, please list the date & type of surgery.

Are you currently under medical treatment elsewhere for any specific health issue? If so, please list the health issue and the treatment you are undergoing:



WOW

Well of Wellness

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Colon Hydrotherapy Benefits

Colon Hydro Therapy May be Beneficial for the Following:

Constipation	Intestinal Toxemia	Preparation for diagnostics of
Diarrhea	Diverticulosis	the Large Intestine: Pro-
Parasitic Infection	Mucous Colitis	colonoscopy
Hemorrhoid (mild to moderate)	Colitio	Sigmoidoscopy
Balance Physiologie Flora of	Fecal Impaction	Barium Enema
Large Intestine		

Contraindications

The Following is a list of contraindications to Colon Cleansing/Hydration. If you have ever been diagnosed with ANY of these conditions a colonic should not be administered OR should be used with CAUTION. A Doctor's prescription/release MAY be required.

Abdominal Hernia	Servers Cardiac Disease	Flatulas and Flosures
Abdominal Surgery (Recent)	(uncontrolled hypertension)	GI Hemorrhaging/
Anemia (severe)	Cirrhosis	Perforation Lupus
Aneurysm	Crohn's Disease	Pregnancy (1st trimester &
Carcinoma of the Colon	Ulcerative Colitis	advances)
Severe Hemorrhoids	Colon Surgery	Rectal Surgery
Acute Liver Failure	Dialysis Patient	

Client Name: _____ Date: _____

Signature: _____

Please check the box that best describes your health in regards to the following:

	No Problem	Low Concern	Moderate Concern	Serious Problem
Mental clarity (forgetfulness, brain fog)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Level (daily, work, life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backaches & Joint Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Issues Constipation/Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immune System (Do you get sick easily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The nutritional and health information provided by Silke Korfmacher, Colon Hydro Therapist, is based on personal experience, research and experiences of my clients. This information is to be used for educational purposes. It is to help you make informed decisions regarding the state of your health and how your lifestyle choices affect your health. Because there is always some risk involved when changing diet and lifestyle, please do not apply this information unless you are willing to assume the risk. If you choose to use diet and lifestyle changes as a form of treatment for illness or disease without the approval of a medical physician, you are prescribing for yourself, which is your constitutional right.

I agree to accept the terms of this disclaimer and acknowledge that any information I receive from Silke Korfmacher, Colon Hydro Therapist, is to be used for educational purposes in order to assist me in making the best decisions concerning my own health. I acknowledge that she is not a Medical Doctor and that she will not prescribe or diagnose any disease or condition. I agree to accept all responsibility for any decisions I choose to make concerning the self-prescription of any treatments that may be discussed and will not hold her liable for my decisions or the results of those decisions. To the best of my knowledge, all of the preceding answers are true and correct. If any changes in my health or medications occur, I will inform Silke Korfmacher at my next appointment.

Client Name: _____ (please print)

Signature: _____ Date: _____



Informed Consent - Colon Hydrotherapy

Packages: Silke Korfmacher offers colonic packages for discounts on the normal single price. The number of sessions and prices of packages may change.

Curing disease or any other illness is between you and your healthcare/medical professional. I do not treat any diseases or illnesses nor make diagnosis of any illness, I am not attempting to portray myself as, nor conduct the activities of, medical doctors.

Informed Consent - Colon Hydrotherapy:

I, the undersigned client, authorize Silke Korfmacher to administer Colon Hydrotherapy sessions. Colon hydrotherapy is a service, not a treatment, and is not intended to be a substitute for careful medical evaluation and treatment by a competent, licensed personal health care professional. Silke Korfmacher is not a physician and therefore is not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risk of Colon Hydrotherapy as described below:

COLON HYDROTHERAPY (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, mucus, harmful toxins and bacteria. The client positions himself/herself on a single-use, disposable sterile rectal nozzle and filtered and sterilized water is run slowly into the colon under control of the client. During one 45 to 90-minute session a total of approximately ten-twenty (10-20) gallons of water gently flow into and out of the large intestine. By signing below, client acknowledges full instructions for use have been given. Silke Korfmacher uses an open Colon Hydrotherapy system, which allows the client as much privacy as she/he desires. The Colon Hydrotherapist is always available to be present in the room with the client during each session as per the client's expressed wishes.

Potential risk / possible complications of hydrotherapy include aggravation of symptoms existing prior to the session, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur. Contraindications include severe cardiac disease, severe anemia, GI hemorrhage/perforation, severe hemorrhoids, cirrhosis,

- I understand the purpose and potential benefits of colon hydrotherapy, and that it is a wholly elective service.
- I realize no guarantee as to the results that may be obtained has been given to me by Silke Korfmacher.
- An offer has been made to answer my questions about colon hydrotherapy and all questions have been answered to my satisfaction.
- I understand and freely accept the potential risks/possible complications of colon hydrotherapy.
- I freely and voluntarily consent to this service.
- I hereby release Silke Korfmacher and Hawaiian Sanctuary, from any and all liability that may occur in connection with the colon hydrotherapy service.
- I understand I am free to withdraw my consent and to discontinue participation in this service at any time.

Signature of Client (or of Guardian if under age 18):

Print Name: _____ Signed: _____ Date _____



Well of Wellness Policies

Financial Policy

Thank you for choosing Silke Korfmacher as your colon rejuvenation provider. I am committed to your colonic session being successfully completed. Please understand that the payment on your bill is the only way I can continue to provide the best quality service. The following is a statement of our financial policy, which I would like you to read and sign at the bottom. I require full payment at the time of service. I accept cash, Checks, Venmo and PayPal.

Missed/Late Appointments

It is my policy to charge for missed appointments at the rate of the appointment, unless canceled at least 24 hours in advance or I am able to fill the opening from my waiting list. Please help me by keeping your appointment. Late arrival for a scheduled appointment will be accommodated whenever possible; however, due to scheduling of other clients a full colonic session may not be given to the client that has arrived past a scheduled appointment time.

Service Policy

Silke Korfmacher reserves the right to refuse to offer services to individuals that I feel may be contraindicated to colon hydrotherapy. Clients that I feel are out of my scope of practice may not receive my hydro colon therapy services without express written original prescription from a medical practitioner.

Client Name: _____ Date: _____

Signature: _____