

James S. Allred - Advanced Colonic Techniques Clinic
1750 30th Street #35 Boulder, CO 80301
(303) 325-6718

Intake Form - Please answer these questions using blue ink.

Name _____ Birth-day _____

Address _____

City _____ State _____ Zip _____

Best Phone # _____ Email _____

Who recommended you? _____ Your blood type _____

Height _____ Weight _____ Have you experienced Colonics? _____ When? _____

Where and how many? _____

Do you have or had rectal bleeding? _____ Other abnormal bleeding (*not menses*)? _____

What is your primary Complaint? _____

How long? _____ What have you done for it? _____

Have you had this condition before? _____ When? _____

Other complaints? _____

Are you being treated by a Doctor? _____ Name _____

What medications are or have you taken? _____

Surgeries and traumas _____

The type of diet you eat most _____

Type of exercise _____

Date of last bowel movement _____ How much water do you drink daily? _____

What is your level of stress? _____ Type of employment _____

What is your goal today? _____

Anything else Medically I need to know _____

INFORMED CONSENT

I am not intentionally withholding medical information from the facilitator which is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects which have been explained to me. All of my questions have been answered and I agree to participate with this session.

Please sign

Date

Convenient location -

Our cross street is Canyon, 1 block north of Arapahoe. Our complex is CrossRoads East next to Best Buy and opposite of King Soopers & Coin Laundry. The suite is #35 about two-thirds the length of the building.

The current marquee sign reads "VISTA."

For information and a driving map go to my website JamesAllred.com/ColonHydrotherapy

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

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

James S. Allred, LLC - Advanced Colonic Techniques Clinic and School
1750 30th Street #35 Boulder, CO 80301 (303) 325-6718

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, or 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 pressure controlled) water will flow into the colon softening the fecal material which will be released through normal peristalsis into the sewer. (3) Your dignity and modesty will be maintained always. (4) The session will last approximately 30-45 minutes. I do have professional liability insurance specifically for colon hydrotherapy.

(E) The theory of treatment upon which colon hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, good-sense indicates hydration of the body through the large intestine can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report they feel better after a colonic, maybe due to hydration by osmosis or the release of the bowel contents. On the other hand, there is a growing number of health care practitioners that some believe in the idea of autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the colon. 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, JAMES S. ALLRED, have been trained by I-ACT and follow the I-ACT Guidelines, Policies and Procedures. I am **NBCHT** credentialed, #0149, and I am an I-ACT member, #F-JA990120, in good standing and currently certified by I-ACT at the INSTRUCTOR LEVEL for 18 years, and have practiced for 41 YEARS. You may validate this information by checking with the I-ACT Office at (210) 366-2888 or go to the I-ACT website at www.i-act.org and then check the referral section.

I 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

Client Address

City, State, Zip

Client Phone

Client Email