

Arts for Vibrant Colon Health Clinic and School  
Madeline Angelus, M.A. (303) 243-4303  
1750 30th Street #35 Boulder, CO 80301

**Intake Form** - Please print and complete all questions.

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email \_\_\_\_\_

Who recommended you? \_\_\_\_\_

Your blood type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

What is your primary Complaint? \_\_\_\_\_

Other complaints? \_\_\_\_\_

Have you had this condition before? \_\_\_\_\_ When? \_\_\_\_\_

What have you done for it? \_\_\_\_\_

Are you being treated by a Doctor? \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

What medications are or have you taken? \_\_\_\_\_

Have you experienced Colonic before? \_\_\_\_\_ When? \_\_\_\_\_ Where and how many? \_\_\_\_\_

Surgeries and traumas \_\_\_\_\_

The type of diet you eat most \_\_\_\_\_

Type of exercise / other \_\_\_\_\_

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? \_\_\_\_\_

**I am not intentionally withholding medical information which is important. 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.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

# 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 \*\*\*

Madeline Angelus, M.A. - Arts for Vibrant Colon Health Clinic and School  
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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.

(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 have been trained by I-ACT and follow the I-ACT Guidelines. I am an I-ACT member currently certified by I-ACT at the INSTRUCTOR LEVEL and have been in practice for 10 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](http://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