



RANCHO MIRAGE SPA

GENI MULLINS M.A., C.N.H.P.

Intake

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Email: _____ Phone: _____

Date of Birth: _____ Height: _____ Weight: _____

What types of services are you interested in? (Please **circle** your answers)?

Colon Hydrotherapy	yes	no	Age Management Medicine	yes	no
Weight Loss	yes	no	Toxin Reduction	yes	no
Face & Body Sculpting	yes	no	Ondamed Biofeedback	yes	no
IV Drip Therapy	yes	no	Bioidentical Hormones	yes	no

How did you learn of our services? _____

Are you now under a doctor's care? If YES, please name your physician and reason for treatment: _____

List any major physical complaints: _____



Do you take any of the following on a regular basis? If so, please be specific:

Vitamins: _____

Supplements: _____

Over-the-Counter Remedies: _____

Prescription Medication: _____

Recreational drugs and/ or alcohol: _____

Do you take acidophilus and if so, what type? _____

Have you ever taken Psyllium? _____

Do you eat dairy products and if so, how often? _____

Do you drink coffee or strong tea and if so, how many cups per day? _____

Do you take diuretics? _____

Do you exercise and if so, how often? _____

How often do you have a bowel movement? _____

Do you strain to have a bowel movement? _____

Do you take a stool softener or laxative regularly and if so, what type? _____

Do you have hemorrhoids and if so, do they bother you? _____

Do you have rectal bleeding and if so, when and why? _____

Have you ever had rectal surgery? If so, when and why? _____

ALL CLIENTS MUST READ, UNDERSTAND, AND SIGN THIS DISCLOSURE

Colon Hydrotherapy services provided at this center comply with Section 2053.6 to the Business and Professions Code of the state of California. In compliance with this code, you must be advised:

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

1. Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
2. Administer or prescribe X-ray radiation to another person.
3. Prescribe or administer legend drugs or controlled substances to another person.
4. Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
5. Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.
6. Set fractures.
7. Treat lacerations or abrasions through electrotherapy.
8. Hold out, state, indicate, advertise, or simply imply to a client or prospective client that he or she is a physician, surgeon, or a physician and a surgeon.
9. Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.
10. The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state.
11. The session of colon hydrotherapy includes the following procedures:
 - The colon hydro therapist will insert and retract the speculum.
 - 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.
 - Your dignity and modesty will be maintained at all times.
 - The session will last approximately 30-45 minutes.
12. The theory of treatment upon which colon hydrotherapy is based on is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, many cultures and societies believe that a clean colon 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 that they feel better after a colonic. On the other hand, there is a growing number of health care practitioners that believe in the concept of auto-intoxication, that a sluggish bowel (one that is not regular) 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 common sense tells us that anything we can do to assist the body in ridding itself of toxins should have some value.

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.

Signature

Date

Copy to the client and original to be kept on file at the office for at least 3 years.

Candida Questionnaire

Disclaimer: Please note—this questionnaire is not a complete diagnosis in and of itself, and is **not** intended to diagnose any type of illness.

Are your health problems yeast connected?

Answer the following questions to determine if your health issues have a yeast connection. Checking off more than five questions means candida may possibly play a role. Over eight questions—it is highly probably candida is the culprit. The higher you score, the more likely it is a chronic candida infection.

Are you experiencing, or have you had

- fatigue or lethargy?
- a feeling of being drained of energy?
- mental fog or poor concentration?
- depression, moodiness or changeable moods?
- headaches?
- cravings for sweets, bread, or alcohol?
- numbness, burning or tingling anywhere?
- muscle aches or weakness?
- painful joints or swelling in joints?
- abdominal pain or digestive problems?
- constipation or diarrhea?
- bloating or indigestion?
- troublesome vaginal discharge?
- persistent vaginal burning or itching?
- “jock itch” or prostatitis?
- history of athlete’s foot, ringworm, or other chronic fungus infections?
- impotence or history of infertility?
- lack of sexual desire?
- menstrual irregularity or cramps/ pain during menstruation?
- PMT?
- spots in front of eyes?
- poor or erratic vision?
- antibiotics within the past two years?
- a feeling of “bad all over” but the cause hasn’t been found?



CANCELLATION POLICY

We kindly ask the courtesy of a 24-hour notice of cancellation, via phone call or email, in the event you are unable to complete a scheduled session.

If you have purchased any packages, please understand that you will forfeit the missed sessions if 24-hour notice is not given.

NO TRANSFERS/ NO REFUNDS

I have read and understand the above statements:

Signed: _____ *Date:* _____
Print name same as singature