



chart form : client revisit

Contact Information:

Name: _____ Date: _____
D.O.B. _____

Mailing address (inc zip) _____ is this a new address? Yes / No
_____ are these new ph#'s? Yes / No

PH #'s: Home (____) _____ Cell (____) _____ Work (____) _____

EMAIL: _____ May I add you to my e-newsletter? YES / NO

Have you had a colonic since our last session? YES / NO If yes, when was your last session? _____

General Information:

What are your reasons for wanting a session today? _____

I have _____ (# of) bowel movements a day / week. This is typical for me: Yes / No

When was your last bowel movement? _____ It was: easy / difficult / painful / soft / loose/ hard

Please fill in CHANGES in your health since your last session *with me.*

Bowel issues or tendencies: _____

Medications: _____

Allergies: _____

Supplements: _____

What are you eating? (Be honest....) what have you had in the last 48 hours?

For breakfast: _____ lunch: _____ dinner: _____

For breakfast: _____ lunch: _____ dinner: _____

Is this typical? If not, what is? _____

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: _____ Water consumed in last 24 hours: _____ oz typical? : _____

Have you started under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: _____

List year and ALL operations and / or major illnesses (since out last visit):

Women only: Are you pregnant? Yes / No

Circle anything you'd like a reminder about during our session: digestion & pH / nutritional info / cleansing only

Anything else you'd like me to know? _____



chart form : appointment policy agreement / client expectations

- Payment in full is expected at the time of service. We accept Cash, Personal Checks, Master Card and Visa. Any other possible arrangement will need to be worked out prior to the date of the session and a clear alternate agreement made at that time.
- When purchasing a 'Series' for any of the available services, payment for the 'Series' is made in full at the time of the first appointment of the series. Again, any other possible arrangement will need to be worked out prior to the date of the session and a clear alternate agreement made at that time.
- If, for any reason you are unable to complete a 'Series', or if you prepaid for services (for yourself or someone else) that can't be completed, you have 30 days to request a refund. After 30 days the refund amount becomes a credit with Every Body Cleansing Studio.
- The 'Series' price for any service is discounted, and comes with stipulations which must be adhered to in order to receive the discount. (Ex: a 'Series' of colon hydrotherapy sessions are scheduled NO MORE than a week apart - although closer together is fine - anything farther than a week apart changes it from a 'Series' to individual appointments.) If, for any reason, you require a refund for unused sessions, the refund will be prorated without the discount.
- Full payment for any check returned NSF, PLUS my bank fees, will be collected before a future appointment is scheduled.
- We have a **48 Hour Cancellation Policy**. Missed appointments, or appointments cancelled without at least 48 hours notice, are subject to full charge. Another appointment will not be scheduled until full payment for the missed appointment has been made. Your co-operation is greatly appreciated.
- Late arrival of over 15 minutes is considered an un-notified cancellation. If there is a need to reschedule, a full charge is still made for that day. Or, a shorter session may be done at the full fee.
- Please understand that your appointment time is YOUR time. It is not available to us unless you release the time by canceling or rescheduling with enough time for us to make use of it.
- Due to the nature of this work there is always the possibility that we may be off schedule. Our first priority is to prevent that from happening. If we ever see that this might happen we will try to reach you. If you are left waiting more than 15 minutes, or you are forced to reschedule due to time constraints, I will adjust the fee of your next session. If you can stay, and your appointment is started late, your session length will not be affected.
- Although I do try to leave time spaces between appointments as a buffer, it is not always possible. Regardless, please also be mindful of your appointment time by arriving and leaving as scheduled. If questions arise, and there is not enough time to talk after our appointment, we can make a specific phone date.

I AGREE TO AND UNDERSTAND THE ABOVE POLICIES.

Signature of Client

Date of Signature

Signature of Therapist

Date of Signature

We reserve the right to refuse service to any person for any reason.



chart form : state of california guidelines

Notice Designed to Comply with the State of California Guidelines in The Business and Professions Code of the State of California - Section 2053.6

All clients must read, understand and sign this disclosure.

Colon Hydrotherapy services provided in this office or 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 in this office 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. 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. Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
 4. Prescribe or administer legend drugs or controlled substances to another person.
 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 imply to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.
- B) Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.
- C) The services of colon hydrotherapy and the Hydrotherapist that provides the service are not licensed by the state.
- 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, through a closed tube, into the sewer.
 3. Your dignity and modesty will be maintained at all times.
 4. The session will last approximately 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, many cultures and societies believe that a clean colon can enhance the health of the individual. This standard 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 toxin from the colon. This theory may or may not have validity depending on who you are listening 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.
- F) I, Shea Lynn Baird, have been trained by an accredited I-ACT School, and follow the I-ACT Guidelines. I am currently certified by I-ACT at the **ADVANCED LEVEL** and have been in practice since **February of 2001**. 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 check the referral section.

I acknowledge that i have read the above disclosure and have been given a copy of this document if requested. This information was provided to me in a language that i can read and understand. By signing the this document I state that I have seen my primary care physician and my rectum is free of obstructions, and that I give permission to the therapist to assist with my speculum insertion when I am unable to insert on my own.

Client Signature

Date of Signature

Signature of Therapist

Date of Signature