



EBCS Chart Form : **Revisit Intake - Colon Hydrotherapy**

CONTACT INFORMATION

Date: _____

Name: _____ D.O.B. _____

Mailing address (inc zip) _____

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

Email: _____

GENERAL INFORMATION:

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

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): _____

Are you pregnant? Yes / No Circle anything you'd like a reminder about: digestion & pH / nutritional info

Is there anything else you'd like me to know? _____

PLEASE READ AND SIGN BELOW: I understand that Colon Hydrotherapy is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of Colon Hydrotherapy for myself at this time it is up to me to consult with my doctor._____
Signature of Client_____
Date of Signature_____
Signature of Therapist_____
Date of Signature



EBCS Chart Form : Office & Appointment Policy Agreement

- 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' of any service, 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 first session and a clear alternate agreement made at that time.
- A full refund will be made for any prepaid amount (for yourself or someone else) within 30 days of payment, if the service or services haven't begun (like a Series). After 30 days, or if a Series has been started, the refund amount becomes a CREDIT at 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.) The discount on a Series is applied to the last session of the Series. If, for any reason, you need to discontinue a Series, the credit for unused sessions will be prorated accordingly (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.
- If you arrive for your appointment 15 minutes late or more a shorter session may be done at the full fee, or we can reschedule with a full charge still collected for that day.
- 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, and will try to reach you if we think it might. If you end up waiting more than 15 minutes, or if you need to reschedule due to time constraints, we will adjust the fee of your next session. If you can stay 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.

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.



Because the Road to Health is Paved with Good Intestines!!!!



EBCS Info Sheet : 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 based 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) Shea Lynn Baird was trained by an accredited I-ACT School. She is currently certified by I-ACT at the **ADVANCED LEVEL** and have been in practice since **February of 2001**. Stephen Barlow was trained by an accredited I-ACT Instructor Apprenticeship Program, and has been in practice since **February of 2009**. Both practice according to the I-ACT Guidelines. 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 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