



2903 Ranch Road 620 North
Austin, TX 78734
Karen Million, RMT, CCH, MTI
512-266-9105

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
email: \_\_\_\_\_ Phone \_\_\_\_\_
Work phone: \_\_\_\_\_ Referred by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please answer the questionnaire so that I may best serve your needs. Circle all the symptoms that you now have, any past symptoms put a "P" next to it.

YOUR HEALTH HISTORY IS CONFIDENTIAL! (Please circle all that apply)

General Symptoms.

- Headache
Fever
Chills
Sweats
Fainting
Dizziness
Convulsions
Insomnia
Fatigue
Nervousness
Depression
Weight Loss
Allergies
Numbness in \_\_\_\_\_
Respiratory
Cough
Spitting up phlegm
Chest Pain
Difficult Breathing

- Failing Vision
Near Sighted
Eye Pain
Deafness
Earache
Ear Noise
Nose Bleeds
Sore Throat
Swollen Lymph Glands

Skin

- Skin Eruptions
Itching
Bruises Easily
Dryness
Acne
Varicose Veins
Hive or Allergies

- High Blood Pressure
Low Blood Pressure
Pain over Heart
Heart Attack
Swollen Ankles
Poor Circulation

Genito-Urinary

- Frequent Urination
Painful Urination
Blood in Urine
Pus in Urine
Kidney Trouble
Incontinence
Prostate Trouble
No Urination

Cardio-Vascular

- Rapid Heartbeat
Slow Heartbeat

Gastro-Intestinal

- Lack of Appetite
- Constant Hunger
- Difficult Digestion
- Belching or Gas
- Bloating
- Nausea
- Vomiting
- Vomiting Blood
- Pain over lower abdomen
- Pain over stomach
- Constipation
- Diarrhea
- Hemorrhoids
- Rectal Bleeding
- Bloody Stool
- Parasites
- Liver Problems
- Gall Stones
- Hepatitis
- Jaundice

Women Only

- Irregular Cycle
- Tremors
- Hot Flashes
- Excessive Flow
- Painful periods
- Are you pregnant? Yes No

Muscle, Bone Joint

- Swollen or stiff joints
- Pain in \_\_\_\_\_
- Lower backache

**Please list all Prescription Drugs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Indications for the Use of Colon Hydrotherapy: Check all that apply

\_\_\_\_\_ For Endoscopic or x-ray radiological examination

\_\_\_\_\_ Constipation or Fecal Impaction

\_\_\_\_\_ Other: Describe \_\_\_\_\_

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Reviewing Physician \_\_\_\_\_

**VERY IMPORTANT! Have you had within the past 6 months been diagnosed with any of the following: (Please circle the appropriate answer)**

Cardiac disease or Congestive Heart Failure	Yes	No
Intestinal perforation	Yes	No
Carcinoma of the Rectum	Yes	No
Aneurysm or Abdominal Surgery	Yes	No
Severe Hemorrhoids	Yes	No
Fissures or Fistula	Yes	No
Abdominal Hernia	Yes	No
Cirrhosis of the Liver	Yes	No
First and last trimester of pregnancy	Yes	No
Renal insufficiency – difficulty urinating	Yes	No
Recent colon or rectal surgery	Yes	No

**I have read the above contraindications for having a colonic and agree that I have disclosed all pertinent medical information regarding my physical condition and do not have any of the above conditions. In addition, I have evaluated all information given to me concerning the colonic procedure and I release Lake Travis Wellness Center from any problems resulting from procedures in which I voluntarily participate.**

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**Signed (Client)** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Print Name** \_\_\_\_\_

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**Street Address** \_\_\_\_\_

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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Prescribing Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFORMED CONSENT

**Lake Travis Wellness Center and Lake Travis Pain Clinic**, (Karen Million, Colon Hydrotherapist) does not do the following things:

1. I do not diagnose
2. I make no attempt to cure any condition
3. I make no claim or imply any claim that suggestions are given to cure any conditions.
4. I do not claim that any supplemental material that I speak about will cure any condition or that its purpose is to treat any condition.
5. I do not prescribe or treat disease, however I do attempt to educate you on food and conscious diet choices, exercise and lifestyle choices if they are not contradictory to the recommendations of your primary health care provider or your physician.

I, the undersigned client of **Lake Travis Wellness Center and Lake Travis Pain Clinic**, understand the above statements and understand that diet and nutrition is considered to be an inexact science and that the results obtained are not always consistent or predictable. Whether or not I participate in the procedures offered by **Lake Travis Wellness Center and Lake Travis Pain Clinic** is my decision based on my constitutional right of the 9<sup>th</sup> Amendment. I understand that Karen Million, the colon hydrotherapist, is not a medical doctor and is not attempting to portray or conduct the activities of a medical doctor, and I waive any liability on behalf of the hydrotherapist.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_