

Colon Health Questionnaire

Fill out for the Colon Hydrotherapy Session and/or the Nutrition Appointment

PLEASE PRINT USING BLACK OR BLUE INK ONLY

Name: _____ Date: _____

How did you learn of our services? _____

Circle: Male or Female Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (to reach you or leave message:) Day _____ Evening _____

Email: _____

Occupation: _____ Circle: Married or Single # of Children _____

Emergency Contact Name: _____ Phone # _____

Drivers License #: _____ Exp Date: _____

Height: _____ Weight: _____ Ideal weight: _____ Frame size: Small Medium Large (please circle)

Physician or Healthcare Provider Name: _____ Phone # _____

Medical diagnosis: _____

If you are currently being treated for a specific condition (s) please list: _____

Have you ever had major surgery (include dates): _____

Have you ever had a barium enema? Y or N If so, when? _____

When was your last colonoscopy or sigmoidoscopy? _____

If you had the above procedure what were the results? _____

List medications you are currently taking and what they are for: _____

How many bowel movements do you have on an average day? _____ Do you need to strain? Y or N

How many ounces do you consume per day? Water: _____ Caffeinated beverages: _____ Alcohol: _____

How many hours do you exercise per week? _____ Describe exercise? _____

Do you smoke? Y or N If yes, how many times per day? _____

Rate your stress level on a scale of 1-10 (1=very low, 10= very high during the average week): _____

Please list all supplements you currently take and for what conditions:

Please circle all that apply. Feel free to discuss with your therapist, if you have any questions.

Are You Pregnant? Y N	<i>If Yes:</i> Trimester: 1 2 3	Breastfeeding? Y N
Do You Use Laxatives? Y N	<i>If Yes,</i> What type?	How Often?
Have you had a Colonic? Y N	<i>If Yes,</i> When was your last Colonic?	
Are you menstruating? Y N	<i>If Yes:</i> Please reschedule your colonic	
Bleeding hemorrhoids? Y N	<i>If Yes:</i> Please reschedule your colonic	

The following are contra-indications for colon hydrotherapy. Please check all that apply.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Colonectomy | <input type="checkbox"/> Sigmoidectomy | <input type="checkbox"/> Use of blood thinners | <input type="checkbox"/> Chemotherapy/Radiation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cirrhosis of the Liver | <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Chron's Disease |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Uncontrolled blood pressure | <input type="checkbox"/> Rectal Bleeding |
| <input type="checkbox"/> Bleeding hemorrhoids | <input type="checkbox"/> Hernias | <input type="checkbox"/> Daily use of Aspirin | <input type="checkbox"/> Surgery in last 3 months |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Severe Anemia | <input type="checkbox"/> Fissures | <input type="checkbox"/> Advanced Pregnancy |

Are you 18 years of age? Y N

All minors under 13 years of age must have a doctor's prescription for Colon Hydrotherapy regardless of conditions.

Appointment times are reserved especially for you. A charge may be made for failure to give 48 hour notice of cancellation.

IF YOU ARE A FEDERAL, STATE, OR LOCAL AGENT, UPON ENTERING THESE PREMISES YOU MUST DECLARE SAME, OR, UNDER THE BIVENS ACT, ARTICLE 42, BE HELD PERSONALLY AND INDIVIDUALLY RESPONSIBLE.

Signature of client:

Signature of Guardian if applicable:

Date:

Date:

The following is Pursuant to State of California Senate Bill 577 Section 2053.6

The Business and Professions Code of the State of California

***** All clients must read, understand and sign this disclosure *****

- I Nutrition services & Colon Hydrotherapy sessions provided in this office do comply with Section 2053.6 and 2053.5 of the Business and Professions Code of the State of California. In compliance with this code, one must be advised:**
- A** There are NO licensed physicians in this office and the individuals performing Nutrition Consultation and/or Colon Hydrotherapy are not physicians. This means and implies that he/she cannot and will not:
 - Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
 - Administer or prescribe X-Ray or radiation to another person.
 - Prescribe or administer legal drugs or controlled substances to another person.
 - Recommend the discontinuance of legal drugs or controlled substance prescribed by an appropriately licensed practitioner.
 - Willfully diagnose & treat physical or mental condition of any person under circumstance or condition that cause or create a risk of great bodily harm, serious physical /mental illness, or death.
 - Set fractures or Treat lacerations or abrasions through electrotherapy.
 - Hold out, state, indicate, advertise to a client or prospective client that he/she is a physician/surgeon.
 - B** Nutrition Consultation & Colon Hydrotherapy are alternative or complimentary to the healing arts services.
 - C** The therapist(s) that provide the services of Nutrition Consultation and/or Hydrotherapy are not licensed by State of California
 - D** All services provided by Jeri Evans Nutrition, Inc. have never been in any clinical or medical trials or studies to prove the therapies either beneficial or harmful.
- II Education:**
- Jeri Evans received a Bachelor of Science degree in Foods and Nutrition from California Polytechnic University in 1986. She is a certified Colon Hydrotherapist through the International Association of Colon Hydrotherapy (I-ACT) at the Instructor level and is National Board Certified.
- III Description of Services:**
- A** Nutrition & Weight Management may include the following:
 - Review of past and current food plans
 - Discussion of nutritional deficiencies
 - Reviewing client signs, symptoms, metabolism from the health histories, forms and current status
 - Discussion of laboratory tests
 - Discussion of diet plans
 - Discuss and review supplement list
 - Weight, height and body measurementsA nutrition session may last from 15 minutes to 2 hours
 - B** The Theory of Nutrition:
 - There are many reasons for poor health and weight gain. Common reasons are: genetic factors, poor eating habits, lack of exercise, medications, and an over-stressed lifestyle. Underweight or overweight conditions can also be affected by abnormal adrenal levels, parasitic infestation, heavy metal burden, yeast or bacterial overgrowth, and food allergies. These conditions may set up a toxic environment and slow down the metabolism. Jeri Evans Nutrition, Inc. provides services to reach optimal health and weight management goals through various scientific tests and diet plans.
 - C** A Colon Hydrotherapy session may include the following:
 - The client 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.
 - The client will wear a gown and dignity and modesty will be maintained at all times.
 - The session will last approximately 30 to 45 minutes.
 - D** The Theory of Colon Hydrotherapy:
 - The theory of therapy 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 the 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 are 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 whom you consult with, 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. The information was provided to me in a language I can read and understand. Any questions should be asked at the time of the first visit. For further explanation of services, I will read the pamphlets provided or access Jeri Evans Nutrition, Inc. web site www.jerievansnutrition.com. Prices vary per service please ask for current price list.

Client Signature _____ Date _____

I understand that as a condition of any agreement to provide services to me, I agree to waive any and all claims, causes of action and lawsuits that I may have, believe that I have, now or at any future date against Jeri Evans or Jeri Evans-Nutrition, Inc. for services already provided or to be provided in the future, for any amount in excess of the fee that I have paid for such services.

Client Name (Print) _____

Client Signature _____ Date _____

JERI EVANS NUTRITION, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Jeri Evans Nutrition, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our Clients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Nutrition or Therapy

We may disclose your health information to other healthcare professionals within our practice for the purpose of Therapy, payment or healthcare operations. (example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Jeri Evans Nutrition, Inc.”

“It is our policy to provide a substitute therapist, authorized by Jeri Evans Nutrition, Inc. to provide assessment and/or therapy to our Clients, without advanced notice, in the event of Jeri Evans is absence due to vacation, sickness, or other emergency situation.”

Payment

Jeri Evans Nutrition, Inc. is not a licensed medical doctor, and does not practice medicine, does not treat specific diseases or medical condition. Services rendered are not covered by insurance providers for purpose of payment. The office does accept Checks, Cash, Visa, or Master Card as payment for services rendered.

“As a courtesy, we will submit an itemized billing statement to you for the purpose of payment to Jeri Evans Nutrition, Inc. for Nutrition & or Therapy services rendered. The billing statement contains no medical information, and there are no codes for billing purposes.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing.

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“As a courtesy to our clients, it is our policy to call you prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office to confirm your appointment, you need to cancel or reschedule your appointment.”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Jeri Evans Nutrition, Inc. sponsored fund-raising events.”

Change of Ownership.

In the event that Jeri Evans Nutrition, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Jeri Evans Nutrition, Inc. amend your protected health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Jeri Evans Nutrition, Inc.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Jeri Evans Nutrition, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Jeri Evans Nutrition, Inc. is required by law to comply with this Notice.

Jeri Evans Nutrition, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: J. Evans by calling this office at 626.358.7176. If J. Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights, or how Jeri Evans Nutrition, Inc. has handled your health information should be directed to J. Evans by calling this office at 626.358.7176. If J. Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of *01/01/2005*

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Jeri Evans Nutrition, Inc. with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Client's Name (print)

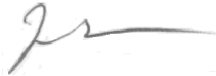
Client's Signature

Date

06/01/05

Authorized Facility Signature

Date



06/06/08