

# THE FARM

AT SAN BENITO

## Colon Hydrotherapy Screening Form

Name:

Date:

Age/Sex:

Dear Guest,

Please take time to respond to the questions answerable by yes or no. This will help us understand your state of health. Should you answer yes or unsure in any of the questions, our doctors will be pleased to assess you and recommend the most appropriate course of action with your best interest in mind.

1. Is this your first time to have a Colon Hydrotherapy Treatment?

Yes	No	Unsure	If No, when and at which Institution?	
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2. For Females: Are you Pregnant?

Yes	No	Unsure	If unsure, when was your last normal menstrual period?	
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3. History of Abdominal Surgery?

Yes	No	Unsure	What type?	When?
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4. Are you severely constipated?

Yes	_____ frequency of bowel movement	No	Note: prior preparation is recommended to avoid unnecessary discomfort
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Presence of Hemorrhoids? Yes\_\_\_ No\_\_\_ Severity (Grade\_\_\_Bleeding?\_\_\_)

5. History of Irritable Bowel Syndrome / Intestinal Inflammation?

Yes	No	Unsure	Crohn's Disease / Ulcerative Colitis Celiac Disease / Tropical Sprue Diverticulosis/Diverticulitis/Colon Polyps/ Appendicitis
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6. Presence of Body Implants?

Yes	No	Unsure	Pacemaker? Abdominal Hormonal Implant? Intrauterine Device?	
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7. History of unstable internal organ condition/pathology? (Requiring lab monitoring, regular medical observation?)

Yes	No	Unsure	Heart Chest Pain Recent ECG result?	Others: Kidney, Liver, Pancreas, Adrenals
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8. History of Hypertensive Crisis? (Warranting emergency medical consultation/hospitalization)

Yes	No	Unsure	Highest BP Normal BP	Under Medication? Please Specify:
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9. Are you taking any Medication or any Immunosuppressant medication?

Yes	No	Unsure	Currently?	Medications in the last 6 months?
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10. Are you allergic to/ or sensitive to coffee? Yes\_\_\_ No\_\_\_ Unsure\_\_\_

Vital Signs:

BP

HR

RR

When one is on a detox program, optimal cleansing is achieved if there is intake of a cleansing drink the night prior to the cleanse. This drink is composed of special ingredients that loosen hardened fecal material and draw out toxins from the bowel wall. These are then dumped into organically-grown psyllium that serves as a mesh to safely transport toxins out of the body. The expert hands of our colon therapists will ensure thorough cleansing in an atmosphere of utmost nurturing followed by a **comprehensive colon hydrotherapy aftercare** to prevent cramping, to replenish fluids and electrolytes and restore normal gut flora.

### **Side Effects of Colon Cleansing**

Headache, nausea/ vomiting, bloatedness, cramping, dizziness and weakness are possible symptoms arising from colon hydrotherapy. These symptoms are transient in nature and comprise healing crisis (also known as Herxheimer reaction) encountered when an individual undergoes any form of tissue cleansing. These may be due to deeply-seated toxins from the tissues transiting to the bloodstream before exiting the body.

### **Risks Involved**

Electrolyte imbalance and depletion of normal flora (good bacteria lining the intestinal walls) may occur. These, however, are unlikely because of our after care treatment as mentioned above.

Introduction of any instrument (e.g. colonic tube or colema tip) to the colon carries the risk of colon perforation or anal soreness. Fluid pressure may aggravate already existing intestinal inflammatory reaction.

However, be assured that these risks are minimized through our screening protocol. Highly-qualified therapists are performing the procedure and our medical doctors are available at any point during and after the treatment.

### **Consent**

I herewith confirm, that I fully understand the procedure of colon cleansing offered at The Farm. I herewith agree, that I am fully aware of any side effects and risks of the colon cleansing and in case of any medical incidences caused by any colon cleansing procedure, I agree that The Farm is not responsible for transportation or medical expenses incurred during these emergency situations.

\_\_\_\_\_  
(Guest signature over printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness signature over printed name)

\_\_\_\_\_  
(Date)