

# THE SPINE DOC

1518 Montclair Road  
Birmingham, AL 35210

Anita Herring, I-ACT  
(205) 951-3330 • (205) 951-3352 fax

## • Confidential History •

### Please PRINT and Answer all Questions:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Why have you chosen to have a Colonic/ Colon Hydrotherapy sessions(s)? Please check (✓) all that apply:  
Doctor Suggested or Prescription \_\_\_\_\_ Personal Right to Self Treat \_\_\_\_\_ Other \_\_\_\_\_

**\*Contraindications:\* Ever been diagnosed with any of the following:**

<input type="checkbox"/> Abdominal Hernia	<input type="checkbox"/> Colitis
<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Dialysis Patients
<input type="checkbox"/> Abnormal Distension	<input type="checkbox"/> Diverticulosis/Diverticulitis
<input type="checkbox"/> Acute Liver Failure	<input type="checkbox"/> Fissures & Fistulas
<input type="checkbox"/> Anemia	<input type="checkbox"/> Hemorrhaging
<input type="checkbox"/> Aneurysm – All Types	<input type="checkbox"/> Hemorrhoidectomy
<input type="checkbox"/> Carcinoma of the Colon	<input type="checkbox"/> Intestinal Perforations
<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Lupus
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Pregnant –(due date _____)
<input type="checkbox"/> Are you currently taking any medication's, which may weaken the intestinal walls?	<input type="checkbox"/> Rectal/ Colon Surgery
	<input type="checkbox"/> Rectal Insufficiencies
	<input type="checkbox"/> Endometriosis

Bladder Infection  
 Blood in Stool  
 B M Painful /Difficult  
 Burning/ Itching Anus  
 High Blood Pressure  
 Infection Disease  
 Hemorrhoids  
 Rectal Bleeding  
 Recent Barium Enema  
 Recent Colonoscopy  
 Strain  
 Use Laxatives \_\_\_\_\_  
 Vomiting  
How often do you have  
Bowel Movements? \_\_\_\_\_  
 other \_\_\_\_\_

Are you under a Doctors Care? \_\_\_\_\_ Explain: \_\_\_\_\_  
(Use back page for additional information) \_\_\_\_\_  
 **weaken the intestinal walls?**

I have **never** been diagnosed with any contraindications for colon irrigation.(See above list box\*.)  
I am aware that colon irrigation and enema device user facilities are not Physicians and therefore do not insert, diagnose or prescribe. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. I am responsible for my own self-insertion. If I experience resistance during the insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session This facility does not claim to cure or treat any condition or disease.

CLIENT: X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(For clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dr. Phone \_\_\_\_\_ Prescription Attached \_\_\_\_\_  
Medical Provider X \_\_\_\_\_ Printed Name \_\_\_\_\_  
Specific Instructions – (if any) \_\_\_\_\_  
License # \_\_\_\_\_ State of \_\_\_\_\_ Location \_\_\_\_\_