COYLE INSTITUTE
Female Pelvic Medicine & Reconstructive Surgery

Colon Hydrotherapy - Health Intake Form

www.coyleinstitute.com
Tel: 850-983-3528 Fax: 850-983-3546

Name _____ Date _____

Address_____ City _____State _____Zip _____

Telephone _____ Email _____

Height _____Weight _____Birthdate _____Referred By _____

Are you currently under a doctor's care? YES NO Explain:_____

Doctor's Name _____Telephone _____

List all surgeries/dates _____

List all medications including OTC _____

The following conditions are contraindications for colon hydrotherapy unless under the supervision of a doctor

Have you ever been diagnosed with any of the following? If so, please explain in writing on the back of the form.

☐ Aneurysm/Blood Clot	☐ Colitis	☐ Cardiac Disease	☐ Colorectal Cancer
☐ Cirrhosis of Liver	☐ Epilepsy	☐ Seizure Disorder	☐ Kidney disease/dialysis
☐ Bleeding Hemorrhoids	☐ Fissure	☐ Prostatitis	☐ Recent Abdominal Surgery, i.e.
☐ GI Hemorrhage	☐ Crohn's	☐ Diverticulitis	gall bladder/appendix/prostate removal
☐ Abdominal Hernia	☐ Fistula	☐ Rectocele	C-section, hysterectomy, etc.

ARE YOU PREGNANT? **IF SO, NO COLON HYDROTHERAPHY**

Please put an "X" beside anything that is currently a health challenge. Put a "p" beside a past problem.

_____ Acid reflux	_____ birth control/HRT	_____ flatulence/gas	_____ mental disorder
_____ acne	_____ brain fog	_____ headaches	_____ mood disorder
_____ allergies	_____ breast implants	_____ hemorrhoids	_____ multiple sensitivities
_____ anemia	_____ cancer	_____ hepatitis TYPE?	_____ multiple sclerosis
_____ anorexia/bulimia	_____ celiac disease	_____ herpes I or II	_____ neurological symptoms

_____ antibiotics
_____ arthritis
_____ asthma
_____ autism
_____ auto immune
_____ backache
_____ constipation
_____ cysts/tumors
_____ diabetes
_____ diarrhea
_____ dizziness
_____ fatigue
_____ hiatal hernia
_____ hairloss/growth
_____ infections
_____ insomnia
_____ irritability
_____ menstrual difficulties
_____ prostatitis
_____ sinus problems
_____ swollen glands
_____ ulcers
_____ vision/hearing impairment
_____ Water retention

How often do you have a bowel movement? _____ What time of day? _____
Are they spontaneous? _____ Only after eating? _____Requires straining? _____Effortless? _____
Do you have hemorrhoids or other rectal problems? _____
How often do you use a laxative? _____ Herbal laxative? _____Stool softener? _____
Suppositories? _____ Enemas? _____
Have you ever had rectal bleeding? _____If so, when? _____
_____

Mark Y for yes and N for no. If yes, please list amount and frequency.

_____ Coffee _____
_____tea _____
_____carbonated drinks/sparkling water _____
_____ alcohol _____
_____tobacco _____
_____ sugar/salt cravings _____
_____plain water intake per day _____
_____diet programs _____
_____vegetarian/vegan _____
_____exercise _____
_____ hours sleeping _____
_____ stress management _____
_____ dairy products _____
_____ source of water _____

How many mercury fillings do you have in your teeth? _____ How many root canals? _____

What do you hope to achieve from this appointment? _____

I acknowledge COYLE INSTITUTE is licensed through the State of Florida to perform colonics. The colon hydrotherapist is not a medical provider and does not diagnose nor prescribe. I am voluntarily requesting services.

Signature: _____ Date: _____

A $50 deposit is required to hold your scheduled appointment. Thank you.

WAIVER, RELEASE, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

COYLE INSTITUTE COLON HYDROTHERAPY AND ITS AGENTS, PRINCIPALS, HYDROTHERAPIST AND EMPLOYEE HOLD YOUR SAFETY AS ITS PRIMARY CONCERN. HOWEVER, THE UNDERSIGNED UNDERSTANDS THAT COLON HYDROTHERAPY (THE "THERAPY ACTIVITIES") MAY BE DANGEROUS BY ITS NATURE, AND INJURY, SERIOUS INJURY, PERMANENT INJURY OR DEATH MAY RESULT. THE UNDERSIGNED IS VOLUNTARILY CHOOSING TO ACCEPT SUCH RISKS WITH FULL KNOWLEDGE OF THE RISKS AND DANGERS INVOLVED. THE UNDERSIGNED IS AWARE AND AGREES THAT BY EXECUTING THIS WAIVER, THE UNDERSIGNED IS GIVING UP THE RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST COYLE INSTITUTE.

Because massage and colonic therapies can be subject to substantial risk as described above, COYLE INSTITUTE urges all participants to obtain a physical examination from a licensed physician before participating in any of the Therapy Activities. The undersigned agrees that by participating in the Therapy Activities, THEY DO SO ENTIRELY AT YOUR OWN RISK. Any recommendation by the COYLE INSTITUTE COLON HYDROTHERAPY for changes in diet, including the use of food supplements, weight reduction and/or body enhancement products are entirely your responsibility, and the undersigned should consult a licensed physician prior to undergoing any dietary or food supplement changes. The undersigned agrees that they are voluntarily participating in these Therapy Activities and assumes all risks of injury, illness, pain, disfigurement or death.

In acknowledging that the undersigned is aware of and willing to assume the risks associated with these Therapy Activities, the undersigned hereby voluntarily agrees to waive, hold harmless and indemnify COYLE INSTITUTE COLON HYDROTHERAPY from any claims, demands, damages and causes of action of any nature whatsoever arising out of the Therapy Activities wherever performed, whether or not caused by the active negligence or fault, passive negligence or fault, or sole negligence or fault of Colon Hydrotherapist, whether during the performance of the Therapy Activities or thereafter, which the undersigned, their heirs, assigns or successors may have against COYLE INSTITUTE COLON HYDROTHERAPY for, on account of, or by reason of the undersigned's voluntary participation in the Therapy Activities and related activities associated with the Therapy Activities.

The undersigned assumes any and all risks of serious or minor injury, death, loss or damage to the person or property of the undersigned, and agrees to defend, indemnify and hold harmless COYLE INSTITUTE COLON HYDROTHERAPY (including any attorney's fees and costs incurred by COYLE INSTITUTE COLON HYDROTHERAPY), whether or not caused by the active negligence or fault, passive negligence or fault, or sole negligence or fault of Colon Hydrotherapist, whether or not the undersigned is actively engaged in the Therapy Activities or arising thereafter as a result of or related to the Therapy Activities.

The undersigned understands the content of this waiver and has executed this informed consent and waiver of claim of the undersigned’s own free will and accord and in consideration of the fee paid to COYLE INSTITUTE COLOR HYDROTHERAPY to participate in Therapy Activities and further agree that no oral representation, statements, or inducements a part from the foregoing have been made. The undersigned has read and understands this entire documenta and the risk. The undersigned verifies that all the information provided to COYLE INSTITUTE COLON HYDROTHERAPY is accurate/true to the best of the undersigned's knowledge and belief. The undersigned represents that the undersigned has the necessary physical condition and information to participate in the Therapy Activities.

The undersigned expressly agrees that the agreement is intended to be as broad and inclusive as permitted by the law of the State of Florida. portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

The undersigned acknowledges that they have completely and honestly filled out the Health Intake Form attached and made a part hereto. The undersigned acknowledges that COYLE INSTITUTE COLON HYDROTHERAPY will rely, in part, on the information contained therein in providing the Therapy Activities. Failure to completely and honestly complete the Health Intake Form may result in unintended consequences, including serious or minor injury, death, loss or damage to the person or property of the undersigned.

COYLE INSTITUTE COLON HYDROTHRAPY do not claim to "cure" diseases, but simply help you make physical and mental choices in order to help your body heal itself. COYLE INSTITUTE COLON HYDROTHERAPY does not diagnose any disease, nor attempt to treat or prevent any disease or condition. For any products and/or services purchased from COYLE INSTITUTE COLON HYDROTHERAPY you should carefully read all product packaging and instructions. The products and services made available by COYLE INSTITUTE COLON HYDROTHERAPY have not been evaluated by the Food and Drug Administration. The Therapy Activities are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding any medical condition.

Date:_____ Sign: _____Print:_____