

Ocean Clinics
2315 Dougherty Ferry Rd. Ste 107
St. Louis, MO 63122
314-966-7570

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Do we have permission to send mailers to this address? _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____

Do we have permission to contact you at these numbers? _____

Birthdate: _____ Age: _____ Sex: (M) (F)

Marital Status : (S) (M) (D) (W) Occupation: _____

Referred by: _____

Please follow the Therapist's instructions. You must be covered AT ALL TIMES and undressed from the waist down only!

ABSOLUTELY NO SEXUAL ACTIVITY PERMITTED!!

I understand that I am financially responsible for all fees incurred at the time of service. I understand that there is a \$25.00 fee for returned checks. I also understand that there will be a full session charge for any appointments not cancelled 24 hours in advance. I agree that if I am 15 minutes, or more, late for a scheduled appointment I will need to reschedule.

Packages are valid for six months from date of purchase and are non-refundable.

Client Signature and date

MEDICAL HISTORY

Clients' Name _____

Have you had colon hydrotherapy before? (Y) (N) If yes, where? _____

Your primary reason for using this service? _____

Do you use any of the following on a daily basis?

How many?

Alcohol	(Y)	(N)	_____
Tobacco	(Y)	(N)	_____
Coffe	(Y)	(N)	_____
Tea	(Y)	(N)	_____
Soda	(Y)	(N)	_____
Water	(Y)	(N)	_____

Supplements:

Vitamins: _____

Minerals: _____

Herbs: _____

Over the counter medications: _____

Prescription medications (and prescribing doctor)? _____

Most recent medical service and/or hospitalization? _____

Please indicate if you have any medical problems and/or surgeries with the following, if so please explain.

General symptoms: _____

Eyes, Ears, Nose & Throat: _____

Skin: _____

Respiratory: _____

Cardiovascular: _____

Muscle, Bone, Joint: _____

Urinary: _____

Gastro-Intestinal _____

Other medical history we should be aware of: _____

How frequently do you have a bowel movement? _____

Do you strain? (Y) (N) Do you use laxatives? (Y) (N) Brand? _____

Do you have hemorrhoids? (Y) (N) Rectal bleeding? (Y) (N)

Irritable bowels? (Y) (N) Recent barium enema? (Y) (N)

Colonoscopy? (Y) (N) When and results? _____

Colon/Rectal surgery? (Y) (N) How recent? _____

For women only:

Painful menstruation: (Y) (N)

Date of last period: _____

Are you currently pregnant? (Y) (N)

Do plan to become pregnant in the near future? (Y) (N)

Service Disclaimer:

Colon Hydrotherapy is not intended to diagnose, treat, cure or prevent any disease. Colon Hydrotherapy services are not supervised or performed by Dr. Steven Abbadessa or any other physician. Colon Hydrotherapy services at Ocean Clinic are performed by a technician certified by the International Association of Colon Hydrotherapy. Ocean Clinic technicians are not required to be licensed and are not regulated by the State of Missouri or other state or federal governmental agency. Ocean Clinic will not perform colon hydrotherapy service if certain medical conditions or symptoms are present. Ocean Clinic is not intended to provide medical advice or to be a substitute for a visit to your own doctor. Registration at Ocean Clinic does not create a doctor-patient relationship.

This information is correct to the best of my knowledge:

Client signature and date
