

InSideOut & WithIn

Client Medical History Form

Date _____

Please Print and Answer all Questions:

Name: _____ (Home) _____
 Work _____ Cell # _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____ Driver License _____
 Occupation: _____
 Age: _____ Height _____ Weight _____ Birth Date _____
 How did you hear about InSideOut & WithIn _____
 REASON FOR VISIT: _____

CONTRAINDICATIONS:

Have you been diagnosed with or have a history of the following:

Acute Liver Failure	Yes _____	No _____
Aneurysms	Yes _____	No _____
Abdominal Hernia	Yes _____	No _____
Abdominal Surgery within 6 months	Yes _____	No _____
Colon Cancer and/or Surgery	Yes _____	No _____
Diverticulitis	Yes _____	No _____
Inflammatory Bowel Disease	Yes _____	No _____
Ulcerative Colitis	Yes _____	No _____
Chron's Disease	Yes _____	No _____
Anal Fissures or Fistulas (Abscesses & Boils)	Yes _____	No _____
Hemorrhoidectomy (Surgery)	Yes _____	No _____
Intestinal Perforations	Yes _____	No _____
Recent Childbirth (within 6 month)	Yes _____	No _____
Recent Pregnancy (due date) _____	Yes _____	No _____
Renal Insufficiency or Dialysis	Yes _____	No _____
Carcinoma of the colon	Yes _____	No _____
Rectal Bleeding	Yes _____	No _____
Cardiac (Heart) Condition	Yes _____	No _____

Please place a check if any of the conditions listed below apply to you?

Strain when having a bowel movement _____ Use Laxatives _____ Hemorrhoids _____ Colon
 Surgery _____ if so, When _____, Rectal Surgery _____; if so, When _____; Recent
 Colonoscopy _____ Asthma _____, Bladder Infection _____, Blood in stool _____, if so, WHEN
 _____; Bronchitis _____, BM Painful/Difficult _____ Burning Stomach Sensations _____
 Burning/Itching Anus _____, Chronic Fatigue _____, High Blood Pressure _____ Diverticulum _____
 Extreme Stress _____ Heart Trouble _____ Infectious Disease _____, if so, What
 _____.

** How often do you have Bowel Movements? _____.

Are you presently under a Doctors Care? ____, if Yes, please list the Physician Name and phone number:

X _____

Please list the condition and the approx time you were diagnosed with the condition:

_____. Are you still being treated for the

condition you listed above _____. Have you consulted with your Physician about Colon Hydro-Therapy _____ If yes, state your Physician's name, opinion and instructions in regards to Colon Hydro-Therapy.

List any prescription medications you are taking at this time _____

Please list emergency contact name and phone number _____

I fully understand and agree that my visit and therapy of colon cleansing at InSideOut & WithIn is totally a voluntary decision. I further agree that neither InSideOut & WithIn, nor any staff member, any associate, i.e., Physician will be held liable for any damages.

Prescription Devices can only be used under the order and supervision of a licensed medical practitioner.

I have been informed and I am aware that The Texas Department of Health require of me to have a prescription from a Physician who is licensed to practice medicine in the State of Texas, Prior to my Colonic Therapy.

Client Signature and Date: _____

(A signature and attendance of the parent or guardian is required of clients under the age of 17).

I agree and understand that this prescription can only be used at InSideOut & WithIn.

Signature and Date

Do Not Write Below This Line. For Physician Use Only

Approval By Phone _____ Date: _____ 2009 or FAXED ON DATE: _____ 2009

Medical Provider Awareness and/or Approval: _____

Specific Instructions (if any) _____

Fax Number # 281-561-8222

Questions: 281-561-8181

INFORMED CONSENT

Neither Janice Jackson nor her Associates do any of the following stated below, either implied or intended:

1. We make no attempt to cure any condition.
2. We do not diagnose.
3. We make no claim or imply any claims that suggestions are given to cure any condition.
4. We do not claim that any supplemental material we may suggest will cure any condition or that its purpose is to treat any condition.
5. We do not prescribe or treat disease. However, we do attempt to educate you about the science of food and nutrition and health.

6. I am giving InSideOut & WithIn my consent to administer to me the therapy of colon hydrotherapy.

I am aware that as with any therapy adverse events are possible. Adverse events such as perforations, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. I have been completely honest in my statements pertaining to my health and in regards to the list contraindications provided to me. I understand that if I have any of the contraindications at the present time or have had any of them in the past, colon hydrotherapy therapy could be a potential health risk and I would need to consult with and get approval from a Physician before I began this therapy. I agree to notify the therapist immediately if I experience unusual discomfort or pain and to immediately stop the procedure.

I, the undersigned consul tee, understand the above statement. I, as the consul tee, understand that diet and nutrition and colon cleansing is considered to be an inexact science and that the results obtained are not always constant or predictable. I also understand that there is no guarantee of any results. Whether or not I participate in this therapy is fully my decision. I have not been forced into having any therapy treatment at InSideOut & WithIn. I make all decisions relative to my health. I further understand that Janice Jackson is not a medical doctor and is not attempting to portray herself nor conduct the activities of medical doctors.

If representations have been made to me concerning this therapy or if I have any understanding about this therapy which representations and/or understandings are contrary to any of the above statement, I will indicate so below.

Signature and Date: _____

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InSideOut & WithIn requires a 24 hour cancellation notice or a \$45.00 cancellation fee may be require before future appointments can be made.