

Sound Naturopathic Clinic

20270 Front Street, Suite 103

Poulsbo, WA 98370

(360) 598-6999 (Phone)

(360) 598-2104 (Fax)

Welcome to Sound Naturopathic Clinic!

Please fill out all (6 pages) of the following paperwork and bring it with you to your scheduled colonic appointment. Please allow 60 minutes for your colonic.

Special Instructions:

- Eat lightly 12 hours prior to your appointment.
- Do not eat three hours before the scheduled appointment time.
- Please drink water, so you are well hydrated.
- **STOP** drinking water at least 1hr prior to the appointment.
- We do ask that you do not use any perfume, cologne or heavily scented soap.

Office Location:

The office is located on the ground floor of the two story brown building on the corner of Bond Road and Front Street. The entrance is on the north side of the building.

Office Hours:

Our office hours are Monday through Thursday from 9:00 am to 6:00 pm and Friday from 9:00 am to 1:00 pm. We are closed for lunch from 1:00 pm - 2:00 pm.

You may want to check the clinic website prior to your visit: www.soundnaturopathicclinic.com

If you have any questions please give us a call at (360) 598-6999. We look forward to meeting you.

In Health Light and Appreciation,

Ruth Urand ND

Dr. Sayre Limburg ND &

Staff at Sound Naturopathic Clinic

Colonic Intake Form

Patient Information

Date _____ Birth Date _____ Age _____ E-Mail _____

Name _____
Last Name _____ First Name _____ Middle Initial _____

Address _____ Hm Ph# _____ Cell _____

City _____ State _____ Zip _____

Sex M F Single Married Long Term Partner Divorced Widowed Separated

Employer _____ Business Phone _____

Business Address _____ Occupation _____

How did you hear about us? _____

In case of emergency, who should we contact? _____ Phone _____

Spouse's name _____

Reason for Visit

Please state your present concerns in order of their significance _____

Medications

List medications you are currently taking _____

Allergies

Please list any allergies you may have to: Foods _____ Medications _____

Other _____

What happens when you have an allergic reaction?

Have you ever been tested for food allergies? Y N Method? _____

Elimination Assessment

Bowel Movements: _____ to _____ times per day. Do you use a stool softener, laxative or herbal laxative? Y N

Stools are: Soft, well formed Large, hard Large (2"x 6"L) Difficult to pass Medium (1"x4")

Diarrhea Loose, not watery Often float Thin, long, narrow Sink Alt between constipation and diarrhea

Stool Odor: Offensive usually Occasionally Little Odor **Daily gas** Y N **Daily bloating** Y N

Stool Color: ___ Brown ___ Yellow brown ___ Dark or black ___ Greasy ___ Shiny ___ Mucous ___ Blood ___ Greenish ___ Varies

Have you ever had internal bleeding? ___Y ___ N When? _____

Have you ever had rectal bleeding? ___Y ___ N When? _____

Have you ever had a barium enema? ___Y ___ N When? _____

Have you ever been diagnosed with cancer? ___Y ___N

If yes, have you had Chemotherapy or Radiation? Present _____ Past _____ When? _____

Informed Consent for Colon Hydrotherapy

I _____, do voluntarily, knowingly and willingly give my consent to the administration of colon hydrotherapy. I understand that the treatment will be administered by a duly trained and certified colon therapist, supervised by Ruth Urand, ND. I am satisfied that this procedure is necessary that all of my questions have been answered to my satisfaction. I seek this treatment at my own request based on the recommendation of my prescribing physician, be it in this clinic or another physician led clinic. I have had the anticipated costs, risks, benefits, and experience of receiving this treatment, my assessment, and reason for this treatment satisfactorily explained. I am willing to accept any risks as explained to me.

Colon Hydrotherapy has not been scientifically demonstrated or widely accepted by the mainstream medical community. I understand that like any health care treatment there is no guarantee that it will alleviate my symptoms. These procedures will most likely have a positive value if dietary and supplement recommendations directed by the supervising physician are followed closely.

I understand that I must provide a complete health history to Sound Naturopathic Clinic and the colon therapist including any bowel or rectal dysfunctions or pain I have had, in the past or present, whether there is any possibility that I might be pregnant or have any serious condition. I understand I can cease treatment at any time and am under no obligation to undergo the full series of treatments.

Possible Side Effects

Any health care procedure can have side effects, especially in sensitive individuals.

Possible Side Effects:

- Mild temporary bloating or abdominal cramping
- Mild temporary diarrhea or constipation
- Temporary increased gas

Very Rare Side Effects:

- Rectal fissures or tears

Although extremely unlikely, there is always the possibility of allergic sensitivity to material used ranging from anaphylactic shock with breathing difficulties, serious injury or death. These reactions are **extremely rare**.

Please inform the physician or therapist if you have allergies to latex or plastic. ____ (initial)

After the colonic, you may feel lighter and better, but some people may feel queasy, ill or have flulike symptoms. These symptoms should subside very quickly.

Prescreening Physical

I understand that as an added protection, I may receive a brief physical by a physician prior to receiving the colonic irrigation. This physical is not intended or represented to be a thorough physical that will discover all contraindications as some may not be apparent and only emerge during an extensive diagnostic work-up using other diagnostic techniques. I understand that this physical is simply to screen for this procedure and is not intended to replace any medical examinations I should have.

For Clients Who are Not Patients of Sound Naturopathic Clinic

While I may receive a brief physical by a Sound Naturopathic Clinic professional prior to receiving the colonic irrigation and I understand that this does not constitute a patient/physician relationship, I understand that Sound Naturopathic Clinic or the physicians or colon therapist within assumes no responsibility for my health other than the safe administration of the colon therapy following universal precautions.

Alternative Treatments

I understand that, depending on the nature of my symptoms, there may be other diagnoses or potential treatments for my condition(s).

Informed Consent

I hereby certify that I understand the above authorization and the risks of colon hydrotherapy. I have been adequately informed and questions I have asked have been satisfactorily answered. I declare that I am seeking treatment with colon hydrotherapy in order to further my own health and for no other reason. I am aware that I may stop treatment at any time.

Date:

Patient or Guardian Signature:

(Print Name)

Witness Signature:

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Patient's Waiver

I _____, understand that particular charges are not billable to my health insurance, including charges for:

1. Cancellation charge (\$45.00 - \$65.00 for less than 24 business hour's notice)
2. Colon Hydrotherapy (NEVER billable to insurance)
3. Eustachian Tube Adjustment
4. Hydrotherapy
5. N.A.E.T (allergy elimination treatment)
6. Nasosympatico
7. Reiki
8. Telephone consultation
9. Therapeutic Injection (B-12, Meyer's Cocktails. Mesotherapy, Neural therapy, ProloTherapy, PRP Therapy, etc)
10. Supplements

I understand that I am financially responsible for all charges (listed above) at the time of service. This does not include the payable amount by insurance, we strongly suggest that you call your insurance company prior to your office visit, not all policies cover naturopathic care.

Patient

Date

Witness/Physician

Date