

## Before You Arrive

We thank you for choosing our Boulder Colon Hydrotherapy Clinic.

Conveniently located in the CROSSROADS EAST complex at **1750 30th Street #35 Boulder, CO 80301**. On 30th Street, we are two buildings North (towards Pearl Street) from Canyon, right next to Best Buy and before Jiffy Lube. Located halfway into the complex, we are in suite 35. Our marquee reads VISTA.

Please plan time for travel, especially if you are not sure where you are going. Be aware of traffic, the weather, the day of the week and the time of day.

Please arrive at least 10 minutes before your scheduled session time. Remember, the session begins at the time you are scheduled, this is not the time for you to arrive.

Please be prompt, coming late may shorten your session time. If the door is locked, please wait patiently, we know you are there.

Please complete these Documents, print pages 2-5, and bring them with you to the session rather than emailing them back. If you can't complete these Documents before you arrive, call me and please arrive at the office 20 minutes before your scheduled time to complete them at the facility.

If another person comes with you to the appointment, please have them wait in the car.

We have taken extra precautions to manage what happens inside our facility and to keep it free of anything that could jeopardize your health. Please help us! Do your best to follow these protocols, for the health and safety of you, the therapist, and the other clients who seek our services.

When in the bathroom, and before and after the session, please wash your hands with hot water and soap until the soap begins to foam.

Please do not wear anything with a scent, especially perfume, cologne, aftershave, hair conditioner, essential oils, etc.

Please turn your phone off before you come inside our facility. Please wait until you have left the facility to power it back on, to either text or use the phone.

Please bring into the facility only what you absolutely need: keys, payment and phone and no unnecessary items: purse, water bottles, food, extra clothing, etc

You are encouraged to be normal before you come in - this includes eating a meal.

Be aware and understand by changing anything in your normal routine (eating more vegetables, only drinking water, fasting, or by taking products like magnesium, fiber, etc.), will change how your body functions and will affect the colon hydrotherapy session.

It is medically documented the stress-response has a profound negative effect on the digestive and eliminative systems, and especially the immune system.

If you have questions or concerns, please call me immediately, instead of texting.

Thank you,  
James Allred

James S. Allred, Inc. - Advanced Colonic Techniques  
1750 30th Street #35 Boulder, CO 80301  
(303) 325-6718

Intake Form - Please answer these questions using blue ink.

Name \_\_\_\_\_ Birth-day \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email \_\_\_\_\_

Who recommended you? \_\_\_\_\_ Your blood type \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Have you experienced Colonics? \_\_\_\_\_ When? \_\_\_\_\_

Where and how many? \_\_\_\_\_

Do you have or had rectal bleeding? \_\_\_\_\_ Other abnormal bleeding (*not menses*)? \_\_\_\_\_

What is your primary Complaint? \_\_\_\_\_

How long? \_\_\_\_\_ What have you done for it? \_\_\_\_\_

Have you had this condition before? \_\_\_\_\_ When? \_\_\_\_\_

Other complaints? \_\_\_\_\_

Are you being treated by a Doctor? \_\_\_\_\_ Name \_\_\_\_\_

What medications are or have you taken? \_\_\_\_\_

Surgeries and traumas \_\_\_\_\_

The type of diet you eat most \_\_\_\_\_

Type of exercise \_\_\_\_\_

Date of last bowel movement \_\_\_\_\_ How much water do you drink daily? \_\_\_\_\_

What is your level of stress? \_\_\_\_\_ Type of employment \_\_\_\_\_

What is your goal today? \_\_\_\_\_

Anything else Medically I need to know \_\_\_\_\_

### INFORMED CONSENT

I am not intentionally withholding medical information from the facilitator which is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects which have been explained to me. All of my questions have been answered and I agree to participate with this session.

Please sign

Date

Convenient location -

Our complex is CrossRoads East, on 30th at Canyon. We are next to Best Buy and opposite of King Soopers & Coin Laundry. Suite #35 is halfway the length of the building.

Our marquee sign reads VISTA

Notice Designed to Comply with the Colorado Natural Health Consumer Protection Act as promulgated in SB 13-215, signed into Colorado law on June 5, 2013

All clients must read, understand, agree, and sign this disclosure

James S. Allred, Inc. - Advanced Colonic Techniques Clinic and School  
CrossRoads East 1750 30th Street #35 Boulder, CO 80301 (303) 325-6718

Colon Hydrotherapy services provided at this center comply with the Colorado Health Freedom Act. Before seeking colon hydrotherapy, we recommend you seek the advice of your healthcare provider or primary care physician. In compliance with this act, you must be advised:

A) There are NO licensed physicians at this center and the individual performing colon hydrotherapy is ONLY a colon hydrotherapist, they are not a physician. This means and implies that they cannot and will not:

(1) Perform surgery or any other invasive procedure, including a procedure that requires entry into the body through skin, puncture, mucosa, incision, or other intrusive method. (2) Administer or prescribe X-ray radiation to another person. (3) Prescribe, administer, inject, dispense, suggest, or recommend a prescription of or legend drug or controlled substance or device identified in the Federal "Controlled Substance Act" 21 U.S.C. Sec 801 Et Seq., as amended. (4) Use general of spinal anesthetics other than topical anesthetics. (5) Use a laser device that punctures the skin, incises the body, or is otherwise used as an invasive instrument. (6) Practice midwifery. (7) Practice psychotherapy. (8) Perform spinal adjustment, manipulation, of mobilization. (9) Provide Optometric Procedures or interventions that constitute the practice of optometry. (10) Directly administer medical protocols to a pregnant woman or to a client who has cancer. (11) Treat a child who is under the legal adult age of eighteen years. (12) Provide dental procedures or interventions that constitute the practice of dentistry. (13) Set fractures. (14) Practice or represent that he is practicing massage therapy or providing deep stroking muscle tissue of the human body. (15) Provide a conventional medical disease diagnosis to a client. (16) Recommend the discontinuation of a course of care including a prescription drug that was recommended or prescribed by a health care professional. (17) Hold oneself out as or indicate, advertise, or imply to a client or prospective client that he is a physician, surgeon, or both, or that he is a health care professional who is licensed, certified, or registered by the state.

(B) Colon Hydrotherapy is an elective alternative or complementary to the healing arts services licensed by the state.

(C) The services of Colon Hydrotherapy and the Therapist that provide the services are not licensed by the state of Colorado.

(D) The session of colon hydrotherapy includes the following procedures: (1) The client will insert and retract the speculum. (2) Warm (temperature and pressure controlled) water will flow into the colon softening the fecal material which will be released through normal peristalsis into the sewer. (3) Your dignity and modesty will be maintained always. (4) The session will last approximately 30-45 minutes. I do have professional liability insurance specifically for colon hydrotherapy.

(E) The theory of treatment upon which colon hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, good-sense indicates hydration of the body through the large intestine can enhance the health of the individual. This started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report they feel better after a colonic, maybe due to hydration by osmosis or the release of the bowel contents. On the other hand, there is a growing number of health care practitioners that some believe in the idea of autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the colon. This theory may or may not have validity depending on who you listen to, but we know there is an increased level of toxins in our environment and logic tells us that anything we can do to assist the body in ridding itself of toxins should and does have some value.

(F) I, JAMES S. ALLRED, have been trained by I-ACT and follow the I-ACT Guidelines, Policies and Procedures. I am **NBCHT** Credentialed, #0149, and I am an I-ACT member, #F-JA990120, in good standing and currently Certified by I-ACT at the INSTRUCTOR LEVEL for 22 years, and have practiced for 45 YEARS. You may validate this information by checking with the I-ACT Office at (210) 366-2888 or go to the I-ACT website at [www.i-act.org](http://www.i-act.org) and then check the referral section.

I acknowledge that I have read the above disclosure and have been given a copy of this document. This information was provided to me in a language I can read and understand. This document will be maintained for two years after the last date of service.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Client Phone

\_\_\_\_\_  
Client Email

The colonic irrigation device and procedure are Class II, to be used when medically indicated, as outlined in the [code of federal regulations, title 21](#).

### CONTRAINDICATIONS

Please answer the following with either

C - CURRENT (within 30 days)

R - RECENT (within 6 months)

P - PAST (longer than a year)

N - NEVER

Y - YES

CoVid Symptoms 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

CoVid Testing 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

CoVid Injection 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Pain \_\_\_\_\_

Swelling \_\_\_\_\_

Stiffness \_\_\_\_\_

Ache \_\_\_\_\_

Bloating \_\_\_\_\_

Belching \_\_\_\_\_

Vomiting \_\_\_\_\_

Gas \_\_\_\_\_

Concussion \_\_\_\_\_

Dizziness \_\_\_\_\_

Loss of

Hearing \_\_\_\_\_

Smell/Taste \_\_\_\_\_

Abdominal Hernia \_\_\_\_\_

Abdominal Pain \_\_\_\_\_

Abdominal Surgery \_\_\_\_\_

Abnormal Distention \_\_\_\_\_

Cardiac Conditions \_\_\_\_\_

Shortness of breath \_\_\_\_\_

Difficult breathing \_\_\_\_\_

Uncontrolled Hypertension \_\_\_\_\_

Acute Liver Failure \_\_\_\_\_

Cirrhosis \_\_\_\_\_

Anemia \_\_\_\_\_

Obesity \_\_\_\_\_

Lupus \_\_\_\_\_

Crohn's Disease \_\_\_\_\_

Colitis \_\_\_\_\_

Diverticulitis \_\_\_\_\_

Rectal Pain \_\_\_\_\_

Rectal Surgery \_\_\_\_\_

Rectal Bleeding \_\_\_\_\_

Intestinal Perforation \_\_\_\_\_

Diarrhea \_\_\_\_\_

Fissures \_\_\_\_\_

Fistulas \_\_\_\_\_

Hemorrhoidectomy \_\_\_\_\_

Appendectomy \_\_\_\_\_

Standard Vaccinations \_\_\_\_\_

Pregnancy \_\_\_\_\_

Dialysis Patient \_\_\_\_\_

Renal Insufficiency \_\_\_\_\_

Aneurysm \_\_\_\_\_

Carcinoma \_\_\_\_\_

Diabetes \_\_\_\_\_

Other \_\_\_\_\_

I am not intentionally withholding from the facilitator medical information which is important, and I understand the procedure of Colon Hydrotherapy, the device, and possible side effects which have been explained to me. The procedure has been explained and all of my questions have been answered before the session, and I agree to participate.

---

Print Name

Sign

Date

## Consent To Share My Health Information

- 1) I do not want my health information shared or discussed with anyone.
- 2) I consent and authorize James Allred to share and discuss information about my colon hydrotherapy session(s) with the people who's name(s) appear at the bottom of this document.
- 3) This information may include and is not limited to: objective findings; subjective complaints; how my body responds to the colon hydrotherapy session; what comes out of my body; my health history; surgery and traumas; past and current medications; diet; comments made by me, and encouragements by James Allred to me, etc.
- 4) Information excluded from what James Allred will share and discuss is: anything of a mental or psychological nature, and anything in detail of an emotional nature which has been shared with James Allred in confidence.
- 5) However, if I share or discuss information with James Allred which he could interpret as me possibly being a danger to myself or others, this information will be reported to the appropriate authorities.
- 6) I, James Allred, will respect the privacy of my client. I will remain vigilant and will abide by the laws of HIPAA and the State of Colorado; I will not abuse the trust of my client; I will not make this information public, and will not use this information against the client.
- 7) I will inform my client by email when their information is shared with the person(s) listed below.

### LEGAL NOTICE

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

This Contract and all disputes arising hereunder are governed by and construed in accordance with the laws of the State of Colorado. In any legal proceeding relating to this Contract, the prevailing party will be entitled to an award of all reasonable costs and fees, including attorney fees, legal fees and expenses.

I have read this entire document which is provided in a language I can read and completely understand. My signature below indicates this as true.

\_\_\_\_\_  
Print client's name

\_\_\_\_\_  
Client's email

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Other person and relationship

\_\_\_\_\_  
Physician contact information

\_\_\_\_\_  
James S. Allred