



Constance Jones

I-ACT INSTRUCTOR, NBCHT, GPACT

Greetings,

Thank you for your interest in Constance Jones - Colon Hydrotherapy! I gratefully welcome new clients because it allows me the opportunity to share my philosophy and expertise while guiding you on your path of wellness!

Colon Hydrotherapy is a cleansing of the rectum and large intestine through several gentle infusions of temperature-varied, multi-filtered water. No chemicals or drugs are involved. My state-of-the-art FDA approved Dotolo Research equipment is unsurpassed in safety and hygiene.

Colon Hydrotherapy may be used to cleanse the colon by removing fecal material, gas, and mucus. It may also be recommended by a physician in preparing for a colonoscopy or in dealing with other digestive issues.

Since 1980 I have performed over 60,000 Colon Hydrotherapy sessions, always striving to provide the highest quality of safe, comfortable and effective colon cleansing with compassion and care. I am certified as an Instructor through the National Board for Colon Hydrotherapy, NBCHT, and the International Association for Colon Hydrotherapy, I-ACT. I am also an Instructor Level Member of the Global Professional Association for Colon Therapy, GPACT. In 2013 I joined other Connecticut Colon Hydrotherapists to successfully pass the Public Act 13-305 (Compliance Issues) into law, allowing us to offer Colon Hydrotherapy with the referral of a Naturopath. My supervising physician is Dr. Jonathan Ritz, N.D. (www.drjonritz.com). For more detailed information on my experience please visit www.cleanmycolon.com.

For my many years of service in this field I was honored to have been awarded Colon Hydrotherapist of the Year by I-ACT in 2014. A couple of unique gifts I offer are building immediate client rapport and easily gaining your trust. My commitment to you is that you will experience a nurturing, clean & serene environment designed for your utmost privacy and that you will leave your session with a renewed sense of well-being.

If you have any questions about the procedure, costs, or would like to make an appointment, please call/text me at 860.287.4558, email connie@cleanmycolon.com, or visit my website www.cleanmycolon.com

Yours for optimal health naturally,

Connie

Please note: Insurance does not cover the cost of Colon Hydrotherapy. Your full payment is due at the time of your appointment and can be paid by cash, check, or credit card. If you should need to cancel or reschedule, we request 24-hour notice. *As a courtesy, we send a reminder e-mail, call or text before your appointment. However, appointments are considered confirmed when they are initially made.*

Constance Jones - Colon Hydrotherapy
www.cleanmycolon.com • connie@cleanmycolon.com • cell 860.287.4558
Center for Progressive Therapies • 192 Hartford Road, Manchester, CT 06040



Constance Jones
I-ACT INSTRUCTOR, NBCHT, GPACT

Preparation and After Care

DIETARY GUIDELINES

For a day or two before and after a session, drink lots of filtered or distilled water, herbal teas, and fresh juices, along with eating fresh, organic and seasonal vegetables, fruits, whole grains, soups, and lighter proteins. Eating this way naturally creates a healthier intestinal cleansing atmosphere and also reduces the possibilities of both excess gas build-up and delay in resuming your proper elimination function.

The following are examples of healthy, cleansing foods to include:

- ☉ Herbal teas – chamomile, dandelion, green, peppermint
- ☉ Fruits – apricots, bananas, blueberries, figs, grapes, melons, oranges, papayas, peaches, pears, prunes
- ☉ Protein shakes – hempseed, rice, or whey
- ☉ Proteins – fish, poultry, tempeh, tofu, seeds
- ☉ Juices – vegetable and fruit
- ☉ Vegetables – preferably seasonal, beets, celery, cucumber, parsnips, squashes, sweet potatoes, sprouts, yams; leafy greens such as collard, kale, lettuces, mustard, swiss chard, watercress, parsley
- ☉ Seaweeds – dulse, kelp, kombu, nori
- ☉ Whole grains – amaranth, barley, basmati rice, buckwheat, long grain brown rice, millet, quinoa
- ☉ Breads (if you must) – gluten-free, Ezekiel's Food for Life, or Manna varieties

Minimize your consumption of dairy, sugar, wheat, and red meat and please remember to chew thoroughly!

DAY OF THE SESSION

On the day of your session, eat or drink mostly vegetables and fruits. This puts your body into a deeper cleansing mode. Remember water. However, try to avoid eating or drinking for two hours before your appointment so that you're not digesting or needing to empty your bladder during your session.

After your session you may eat and drink as soon as you'd like, following the above recommendation. Electrolyte-type drinks, such as Emergen-C and Recharge, are suggested along with a probiotic supplement or food including acidophilus and bifidus, like goat's yoghurt or kefir. Also consider miso, sauerkraut, rejuvelac, and chlorophyll-rich foods, such as wheat grass, dark greens, or algae. This is an excellent time to juice.

AFTER THE SESSION

It is not uncommon for 1-3 days to pass before your first bowel movement after a session. The whole digestive tract is one long tube (7 times the length of your body if stretched out!) so it may take some time for your colon to refill. What you eat and drink will determine how the redefining of your colon's shape and movement will occur. Remember to drink lots of water. If you are particularly sensitive, avoid raw vegetables, red meat, and alcohol. Please avoid overeating.

Until you have a bowel movement, we suggest that you eliminate foods that you know to be allergic, constipating, gas producing and bloating. Some of these may be:

- ☞ Bread, cheese, chocolate, desserts, fatty & fried foods, ice cream, junk & processed foods, milk, sugar & wheat products, along with caffeine, carbonated drinks, and sodas
- ☞ Gas-producing foods: beans, cruciferous vegetables (such as broccoli, brussels sprouts, cabbage, and cauliflower), onions, peppers, raw & unpeeled apples, and soy products

OTHER EATING TIPS

No matter which foods you prefer, fresh, organic, and seasonal are musts. There are many beneficial eating systems to choose from within the health food spectrum ranging from raw foods to macrobiotics. Dr. Peter D'Adamo's *Eat Right for Your Type* and *Live Right for Your Type* seem particularly helpful for people with digestive issues (You may want to purchase a blood typing kit online at Amazon.com to determine your blood type).

Other healthy practices that can nourish and complement your Colon Hydrotherapy experience are deep breathing, castor oil packs, abdominal hot and cold packs, dry skin brushing, slant board, squatting, warm baths, massage and yoga. Gentle exercise such as walking, swimming, or trampolining is always beneficial. Herbal intestinal cleansers can accelerate your progress.



Constance Jones
I-ACT INSTRUCTOR, NBCHT, GPACT

Health Questionnaire

Please help us provide you with the most appropriate and effective service by completing the following questions.
All information is kept confidential.

PERSONAL DATA (please print)

First Name _____ Last Name _____
Address _____ City/State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
E-mail (newsletters and special offerings) _____
Occupation _____ Date of Birth _____ Gender _____
Primary physician _____ Phone _____
Naturopath _____ Phone _____

BOWEL HEALTH

How many bowel movements do you usually have? Per day _____ Per week _____
Do you strain to have a movement? ☐ Yes ☐ No Does the movement feel complete? ☐ Yes ☐ No
Please check applicable responses.
The stool . . . ☐ Shows signs of mucus ☐ Shows signs of blood ☐ Has a strong odor
Daily stool output ☐ Small ☐ Medium ☐ Large Typical color of stool: _____
Do you experience diarrhea? ☐ No ☐ Yes Frequency: _____
Do you currently have hemorrhoids? ☐ No ☐ Yes Severity: _____ Bleeding: _____

COLON HEALTH

Is this your first Colon Hydrotherapy session? ☐ Yes ☐ No
If no, where and when was your most recent visit? _____
What, if any, is your prior experience with colon cleansing, other than hydrotherapy?
☐ fasting ☐ juicing ☐ herbs ☐ enemas ☐ other _____
If you use laxatives and/or stool softeners, how often? _____
Are you currently fasting? Yes No Are you currently cleansing? ☐ Yes ☐ No
If yes, describe cleanse program: _____
My intention for hydrotherapy is: _____

Which of the following apply to you? C = Currently P = Past S = Sometimes

- | | | |
|--|---|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Crohn's | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Anal discomfort/itching | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Anal /rectal bleeding | <input type="checkbox"/> Diverticulitis/osis | <input type="checkbox"/> Lactose intolerance |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Fatigue after eating | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Atonic colon | <input type="checkbox"/> Fissure / Fistula | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Polyps |
| <input type="checkbox"/> Belching / Bloating | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Carcinoma | <input type="checkbox"/> Gas after eating | <input type="checkbox"/> Redundant/prolapsed colon |
| <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Gastroparesis | <input type="checkbox"/> Reflux/heartburn |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Spastic colon |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hernia | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Hungry all the time | <input type="checkbox"/> Worms in stool |

Please list any intestinal-related procedures you have had, along with the year it took place:

☐ Barium enema, year _____ ☐ Colonoscopy, year _____ ☐ Surgery, year _____

☐ Sigmoidoscopy, year _____ ☐ Other, year _____

Please describe _____

GENERAL HEALTH

What is your blood type? ☐ A ☐ AB ☐ B ☐ O

Have you been hospitalized within the past year? _____ in the last 5 years? _____

Why? _____

Which of the following apply to you? C = Currently P = Past

- | | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epstein-Barr | <input type="checkbox"/> Lung disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Extreme weight gain/loss | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Metal poisoning |
| <input type="checkbox"/> Auto immune disorder | <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Bloodclot/vessel disorder | <input type="checkbox"/> Fibro/polymyalgia | <input type="checkbox"/> Mental disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibroid cysts | <input type="checkbox"/> Nerve disorder |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Chemical toxicity | <input type="checkbox"/> Heart condition | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Cholesterol high/low | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prostate condition |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Renal insufficiency |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Sinus condition |
| <input type="checkbox"/> Currently _mnths pregnant | <input type="checkbox"/> HIV | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Irregular menstrual cycle | <input type="checkbox"/> Sweats |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney stones | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Toxicity |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Loss of sleep | <input type="checkbox"/> Tumor |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Low blood sugar | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Environmental sensitivities | <input type="checkbox"/> Low libido | <input type="checkbox"/> Urinary tract infection |

Please describe any allergies you may have: _____

Have you been recently diagnosed with a major illness? Please describe: _____

Have you recently had chemotherapy or radiation? _____ When? _____

Description of prescription drugs and nutritional supplements:

Name of Drug or Nutritional Supplement	Dose Per Capsule Times Taken Per Day	Number of Times Taken Per Day	How Long Have You Been Using	Prescriber

Please include an additional sheet of paper if there is not enough room on this page.

DIET

Using the following key, please indicate your dietary usage:

F = Frequent (5–7 times a week) M = Moderate (2–4 times a week) L = Light (once a week or less)

R = Rarely (1 times/2 times per month or less) N = Never (really, never!)

- | | | | |
|----------------------|------------------------|---------------------|----------------------------|
| ___ Alcohol | ___ Decaf Coffee / Tea | ___ Milk | ___ Salt |
| ___ Antacids | ___ Desserts | ___ Nuts / Seeds | ___ Smoothies |
| ___ Aspirin | ___ Eggs | ___ Organic Foods | ___ Soda |
| ___ Beans | ___ Fatty Foods | ___ Pasta | ___ Soy |
| ___ Bread | ___ Fish | ___ Poultry | ___ Sugar |
| ___ Coffee / Tea | ___ Fish Oil | ___ Popcorn | ___ Sugar Substitutes |
| ___ Candy | ___ Flax Fiber | ___ Processed Foods | ___ Tobacco / cigarettes |
| ___ Carbonated Water | ___ Fried Foods | ___ Protein Shakes | ___ Vegetables |
| ___ Cheese | ___ Fruit | ___ Psyllium Fiber | ___ Water |
| ___ Chocolate | ___ Gum | ___ Raw Foods | ___ Wheat / flour Products |
| ___ Coconut Water | ___ Ice Cream | ___ Red Meat | ___ Whole Grains |
| ___ Dairy | ___ Junk Food | ___ Salads | ___ Yogurt |

Please describe any food sensitivities you may have: _____

BRIEFLY DESCRIBE YOUR TYPICAL DIETARY INTAKE FOR THE FOLLOWING MEALS

Breakfast _____

In Between _____

Lunch _____

In Between _____

Dinner _____

After _____

Snacks / Desserts _____

Do you have any food cravings? ☐ No ☐ Yes If yes, please describe _____

LIFESTYLE:

Are you currently under any excessive or unusual mental or physical stress? ☐ No ☐ Yes

If yes, please describe: _____

How do you relax? _____

Do you exercise? ☐ No ☐ Yes What forms of exercise do you do? _____

Do you practice any forms of: ☐ Meditation ☐ Prayer ☐ 12 Step-Program

☐ Other (please describe): _____

What time do you typically go to bed? _____ Wake up? _____

Quality of sleep: ☐ Restful ☐ Fitful ☐ Other (please describe): _____

Are you, or have you been, addicted to: C = Currently P = Past

___ Alcohol ___ Coffee ___ Sugar ___ Tobacco ___ Drugs ___ Prescription drugs ___ Other _____

If there are other areas of your life/lifestyle (such as emotional, mental, or physical trauma) that you feel would be appropriate for us to know in order to better meet your needs, please comment in the space below. All information is strictly confidential. _____

Client Signature: _____ Date: _____



Constance Jones
I-ACT INSTRUCTOR, NBCHT, GPACT

Informed Consent

I, the undersigned, authorize Constance Jones or her associates to administer Colon Hydrotherapy sessions. Colon Hydrotherapy may be used to cleanse the colon by removing fecal matter, gas, and mucous. It may also be prescribed by a physician in preparation for the diagnostic study of the large intestine or for other conditions. None of the Certified Colon Hydrotherapists is a physician and therefore not qualified to diagnose or prescribe.

Colon Hydrotherapy (or a colonic) is a gentle, purified water-washing of the large intestine. The client lies on a padded table and, with a Colon Hydrotherapy instrument, purified and triple-filtered water is run very slowly into the colon by the practitioner. When slight pressure builds up in the colon, the practitioner reverses the water flow to empty. As the water and waste are flowing out through an illuminated glass viewing tube, pressure points may be stimulated. This process is repeated several times during the period for 45-55 minutes. During one session, approximately 2-5 gallons flows into and out of the large intestines. Constance Jones uses a closed Colon Hydrotherapy system with single-use, disposable speculum and tubing. The Colon Hydrotherapist is always present in the room with the client during each session.

If you have any of these conditions or are taking related medications, consult Dr. Ritz or your physician before your first Colon Hydrotherapy session: severe anemia, abdominal aneurysm, severe cardiac disease, cirrhosis of the liver, congestive heart failure, advanced crohn's disease, severe colitis, acute diverticulitis, uncontrolled epilepsy/seizures, fissures/fistulas, GI hemorrhage or perforation, severe hemorrhoids, painful abdominal hernia, kidney dialysis, early or advanced pregnancy, acute prostatitis, renal insufficiency or failure, abdominal surgery within the past 6 months, and colorectal cancer or tumors.

- ☒ I affirm that I understand the purpose and potential benefits of Colon Hydrotherapy.
- ☒ I understand and freely accept the potential risks of the procedure, which may include possible aggravation of symptoms existing prior to the session, digestive distress, appetite changes, or energy changes.
- ☒ An offer has been made to answer any questions I have about the procedure.
- ☒ I freely and voluntarily consent to the above procedure.
- ☒ I realize that there is no guarantee as to the results that may be obtained from receiving this procedure.
- ☒ I hereby release Constance Jones, or her associates, the Center for Progressive Therapies and Jonathan Ritz, N.D. from any and all liability which may occur in connection with the above mentioned procedure.
- ☒ I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.
- ☒ I am not acting as an agent for any government agency, law office, or pharmaceutical company.
- ☒ I further acknowledge that the completed version of my Health Questionnaire will be reviewed by a Naturopathic physician licensed by the State of Connecticut.

Signature of Patient (or Guardian if under age 18):

Signature_____Date_____

Constance Jones - Colon Hydrotherapy
www.cleanmycolon.com • connie@cleanmycolon.com • cell 860.287.4558
Center for Progressive Therapies • 192 Hartford Road, Manchester, CT 06040



Constance Jones
I-ACT INSTRUCTOR, NBCHT, GPACT

Services and Fees

Initial 75-minute session*	\$145.00
60-minute session	\$120.00
Series of three 60-minute sessions	\$315.00
90-minute session	\$165.00
Series of three 90-minute sessions	\$435.00

*Per CT Law: \$25 fee is applied to Dr. Ritz's review of your submitted Intake Form. There is an annual review fee of \$10 thereafter. Fees are waived upon supplying signed form from your personal Naturopath.

- ☉ Payment for service is expected in full at the time it is rendered. We accept cash, checks and credit cards.
- ☉ Our cancellation fee is the full amount of the missed appointment if NOT cancelled at least 24 hours prior to the appointment date.
- ☉ As a reminder, we will call, text, or e-mail you prior to your appointment, but your appointment is considered confirmed at the time it is made.
- ☉ Special Discount Packages must be paid in full at the first session and are nonrefundable. Sessions must be used within one year from date of purchase.
- ☉ Insurance does not cover the cost of Colon Hydrotherapy.

Signature of Patient (or Guardian if under age 18):

Signature_____ Date_____

Constance Jones - Colon Hydrotherapy
www.cleanmycolon.com • connie@cleanmycolon.com • cell 860.287.4558
Center for Progressive Therapies • 192 Hartford Road, Manchester, CT 06040