COLON HYDROTHERAPY

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 65,000 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. 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 physicians are Dr. Jonathan Ritz, N.D. (drjonritz.com) and Dr. Ceylon Cicero, N.D. (taovitality.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

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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 a few examples of healthy, cleansing foods to include:

- Herbal teas – chamomile, dandelion, green, peppermint, ginger
- Fruits – apricots, bananas, blueberries, figs, grapes, melons, oranges, papayas, peaches, pears, prunes
- Protein shakes – hempseed, rice, whey, vegan
- Proteins – fish, poultry, tempeh, tofu, seeds
- Juices and smoothies – vegetable, fruit, non-dairy
- 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 4 Your Type and Live Right 4 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.) Please refer to my website for a listing of additional reading resources on digestive health and the significance of gut bacteria.

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
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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

___ Abdominal pain
___ Anal discomfort/itching
___ Anal /rectal bleeding
___ Appendicitis
___ Atonic colon
___ Bad Breath
___ Belching / Bloating
___ Carcinoma
___ Celiac disease
___ Colitis
___ Constipation
___ Cramping
___ Crohn's
___ Diarrhea
___ Diverticulitis/osis
___ Fatigue after eating
___ Fissure / Fistula
___ Food Allergies
___ Gallstones
___ Gas after eating
___ Gastroparesis
___ Hemorrhoids
___ Hernia
___ Hungry all the time
___ Indigestion
___ Irritable Bowel Syndrome
___ Lactose intolerance
___ Nausea
___ Parasites
___ Polyps
___ Poor appetite
___ Reduntant/prolapsed colon
___ Reflux/heartburn
___ Spastic colon
___ Vomiting
___ 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

____ Anemia
____ Anxiety
____ Arthritis
____ Asthma
____ Auto immune disorder
____ Bloodclot/vessel disorder
____ Cancer
____ Candida
____ Chemical toxicity
____ Cholesterol high/low
____ Chronic pain
____ Convulsions
____ Currently _mnths pregnant
____ Depression
____ Diabetes
____ Dizziness
____ Eating disorders
____ Edema
____ Environmental sensitivities
____ Epstein-Barr
____ Extreme weight gain/loss
____ Fainting
____ Fatigue
____ Fever/chills
____ Fibro/polymialgia
____ Fibroid cysts
____ Headaches/migraines
____ Heart condition
____ Heart disease
____ Hepatitis
____ High/low blood pressure
____ HIV
____ Irregular menstrual cycle
____ Kidney stones
____ Liver disease
____ Loss of sleep
____ Low blood sugar
____ Low libido
____ Lung disorder
____ Lupus
____ Lyme disease
____ Metal poisoning
____ Menopause
____ Mental disorder
____ Nerve disorder
____ Pancreatitis
____ PMS
____ Prostate condition
____ Renal insufficiency
____ Sinus condition
____ Skin condition
____ Sweats
____ Thyroid problems
____ Toxicity
____ Tumor
____ Ulcer
____ 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
___ Antacids
___ Aspirin
___ Beans
___ Bread
___ Coffee/Tea
___ Candy
___ Carbonated Water
___ Cheese
___ Chocolate
___ Coconut Water
___ Dairy
___ Decaf Coffee / Tea
___ Desserts
___ Eggs
___ Fatty Foods
___ Fish
___ Fish Oil
___ Flax Fiber
___ Fried Foods
___ Fruit
___ Gum
___ Ice Cream
___ Junk Food
___ Milk
___ Nuts / Seeds
___ Organic Foods
___ Pasta
___ Poultry
___ Popcorn
___ Processed Foods
___ Protein Shakes
___ Psyllium Fiber
___ Raw Foods
___ Red Meat
___ Salads
___ Salt
___ Smoothies
___ Soda
___ Soy
___ Sugar
___ Sugar Substitutes
___ Tobacco/cigarettes
___ Vegetables
___ Water
___ Wheat/flour Products
___ Whole Grains
___ 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: _____

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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 one of our naturopaths 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, the Center for Progressive Therapies, Jonathan Ritz, N.D., and Ceylon Cicero, 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_____

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Service 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 Connecticut Law: $25 fee is applied to our naturopath'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_____

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