

Breakfast _____

Mid morning _____

Lunch _____

Mid afternoon _____

Dinner _____

Additional information

Please provide any other information, which you think, may be relevant:

How did you find us? _____

The information provided above is true, accurate and given to the best of my knowledge. The procedure for Colon Hydrotherapy has been explained and I hereby give my consent for a digital examination and Colon Hydrotherapy to be performed on myself/my child.

Signature: _____

Date: _____