



TODAY'S DATE			REFERRED BY (IF APPLICABLE)			
NAME			PHONE			
ADDRESS			EMAIL			
DOB		HEIGHT		WEIGHT	SEX	M F I
TIME OF BIRTH (IF KNOWN)			BIRTH CITY/STATE			
EMERGENCY CONTACT (NAME & PHONE)				RELATIONSHIP		

### GENERAL HEALTH INFORMATION

Who is your primary care physician or health professional?	
Are they an effective match for your goals?	
Please list any current physical stressors.	
Location of Discomfort/Pain?	
Have you experienced this before? If so, when?	
What have you done for this condition?	
Have you seen a doctor for this?	
Are you now being treated by a doctor?	
What complimentary modalities do you use to maintain your health?	
Any recent surgeries, traumas, accidents or hospitalizations?	
Do you have heart disease or family history of heart disease?	
Do you wear a pacemaker?	
Are you currently pregnant or seeking to become pregnant?	
Have you given birth? How many times? <i>If so, please describe: Natural? Without complications? C-Section?</i>	



<p>Please list current medications, supplements, vitamins, herbs, homeopathic, etc. <i>Bring all to first appointment.</i></p>	
<p>How many courses of antibiotics have you taken in your lifetime? <i>Less than 5? 5–10? More than 10?</i></p>	
<p>Please list all previous pharmaceutical treatments, for what conditions, and frequency of use.</p>	
<p>Comprehensive list of your medical history: <i>Include illnesses or diagnoses, surgeries, and the medical treatment administered (please estimate dates)</i></p>	
<p>Comprehensive list of your dental history: <i>Fillings, root canals, bridges, bicuspid or other tooth extractions etc.</i></p>	
<p>Please list your family health and medical history: <i>Diagnosis, surgeries, illness, dental issues, etc.</i></p>	

DIET & EXERCISE

<p>Please describe your daily physical exercise/movement:</p>	
<p>Are you currently trying to loose weight? If so, how much?</p>	
<p>Please describe your typical diet:</p>	
<p>What percentage of your daily food intake is raw? Estimate your daily fiber intake (in grams).</p>	
<p>How many glasses/ounces of water, coffee, soda &amp; milk do you drink per day?</p>	
<p>Describe your source of water: <i>Tap/Filtered/Reverse Osmosis/Structured</i></p>	
<p>What else do you drink? <i>Juice, alcohol, soda, etc.</i></p>	



## EMOTIONAL & RELATIONSHIP HISTORY

<p>Please list any current emotional stressors and describe your experience.</p>	
<p>Have you experienced this before? If so, when?</p>	
<p>What have you done for this stressor?</p>	
<p>Are you currently under professional care for this stressor?</p>	
<p>Please describe your current living situation:</p>	
<p>Describe your daily schedule/activities including work/profession:</p>	
<p>Are you currently fulfilled by your work?</p>	
<p>Do you have children? <i>Please list names and ages.</i></p>	
<p>Are you currently married? Happily single? Other?</p>	
<p>Other significant relationships?</p>	
<p>Please comment on your social emotional history (including family &amp; personal relationships):</p>	
<p>Where did you grow up? Easy childhood?        Did you have a significant number of emotional traumas in your early life? If so, how many?  <i>Less than 5? 5–10? More than 10?</i></p>	

## SPIRITUAL PRACTICE & HISTORY

<p>Religious Affiliation/Practice (family history &amp; current)</p>	
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<p>Please describe your daily activities that affect body, mind &amp; spirit: <i>Things you consciously do to positively affect your body, mind &amp; spirit. Ex: meditation, prayer, exercise, good nutrition</i></p>	
<p>What is your favorite music to listen to? Least favorite?</p>	
<p>All things considered, how spiritually fulfilled do you feel at this point in your life? <i>Please rate on a scale of 1-10 (10 being the most).</i></p>	

LIFE EVENT PRIORITIZATION

Please prioritize 5 life events (Injuries, illness, traumas, etc.) that have created the most stress. This exercise is meant to draw together all that you have explored throughout this form so that you may become conscious about what could be driving your health concern. Please take your time because this is such a valuable tool for raising your level of health. Thank you.

<p>Event 1 <i>Name event. Year. Does it still feel like a stressor? How does it manifest?</i></p>	
<p>Event 2 <i>Name event. Year. Does it still feel like a stressor? How does it manifest?</i></p>	
<p>Event 3 <i>Name event. Year. Does it still feel like a stressor? How does it manifest?</i></p>	
<p>Event 4 <i>Name event. Year. Does it still feel like a stressor? How does it manifest?</i></p>	
<p>Event 5 <i>Name event. Year. Does it still feel like a stressor? How does it manifest?</i></p>	

<p>How did you hear of us?</p>	
<p>What draws you here to work with Cari? <i>What have you heard that compelled you to book an appointment?</i></p>	
<p>Is there any specific modality or service you seek?</p>	
<p>How would you like to feel after working with Cari? <i>List three adjectives.</i></p>	

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## Complementary & Alternative Health Care Client Bill of Rights

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**Practitioner Name:** Cari Wright HHP

**Business Name:** Designed For Thriving

**Business Address:** 1330 8th Ave. Two Harbors, MN 55616

**Telephone number:** 218-343-5497

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the back of this page, the following information prior to your treatment.

**Cari Wright HHP, BA hereafter, "the Practitioner" has the received following education, training & credentials:**

BA – Bachelors of Arts Degree: Psychology & Women's Studies, University of Minnesota Duluth, 1996

AAS – Massage Therapy, Duluth Business University, 2004

Holistic Healthcare Practitioner – American Association of Drugless Practitioners (AADP), 2015

CranioSacral Therapy – Upledger Institute, 1996–2000

Certified Biofeedback Specialist – BANHS, 2014–Present (preceded by 12 years of advanced training)

Health Kinesiology – Level 1–5, 2013

MFT – Morphogenic Field Technique Intermediate & Advanced, under Dr. Frank Springob DC, 2015-2016

I-ACT Certified Training – Advanced Colonic Techniques School, Boulder, CO under I-ACT & NBCHT Certified Colon

Hydrotherapy Instructors James Allred & Madeline Angelus, 2016.

*For complete list of training and credentials, please see our website: [www.designedforthriving.com/credentials-1](http://www.designedforthriving.com/credentials-1)*

**"THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time."**

- **Scope of Practice:** There are NO licensed physicians at this facility 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 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, or 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/she 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/she is a physician, surgeon, or both, or that he/she is a health care professional who is licensed, certified, or registered by the state.
- **Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:

**Mailing address:** P.O. Box 64882, St. Paul, MN 55164-0882  
**Phone:** 651-201-3728      **Fax:** 651-201-3839      **Website:** [www.health.state.mn.us](http://www.health.state.mn.us)

- **Fees, Payment, Insurance:** Fees for Colon Hydrotherapy sessions at the Practitioner's office are as follows, with all taxes included: \$100 for Colonic session (approximately 35-45 minutes), Additional \$35 for add-on services such as Infrared Light Therapy, NCI, CranioSacral, Advanced Bodywork Techniques, etc. Payment is accepted by cash, check or Credit Card. This practitioner is not on contract with any HMOs, PPOs, or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance, or general assistance medical care. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Designed for Thriving requires 24 hours notice for cancellations since the time is reserved for you in advance, often time for several weeks.
- **Change of Price:** While changes in session fees can occur, reasonable notice of those changes is provided at the time of scheduling appointment.
- **Theory of Treatment:** The state requires a "Plain language" summary of the "theoretical approach used to provide service to clients". The Practitioner's Theory of Treatment is: *The design of the human body is elegant and capable of magnificent things that science cannot yet explain. The body heals in an organized way, but until science can catch up with the mastery of the human body's design, we cannot explain what the body does with the colonic process. We know that healthy water is required for life and is primary to the health, function and repair of the entire body. For thousands of years, people have been harnessing the restorative potential of water— in the form of a simple enema— to focus on the elimination system of the body. Colon Hydrotherapy was born from that ancient technique, and many people who experience it report feeling "better", "lighter", and/or "more-hydrated" after a colonic. There are many theories as to why people may report such results: (1) The release of the bowel contents. (2) By introducing water into the large intestine, hydration by osmosis could occur. (3) In an increasingly toxic world, there is a growing number of health care practitioners that are considering the idea of autointoxication, that a sluggish bowel allows the body to reabsorb toxins from the colon, and that any means of assisting the body to rid itself of toxins, should and does have value.*
- **Right to Current Information:** Clients have the right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided. 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, and fecal material will be released through normal peristalsis into the sewer. (3) The Client's dignity and modesty will be maintained always. (4) The session will last approximately 35-45 minutes. (5) The Practitioner has liability insurance specific to colon hydrotherapy.*
- **Right to Confidentiality:** Client records are confidential and will not be released, unless authorized by the Client in writing or as otherwise provided for by law.
- **Right to Self Access:** Clients have the right to access to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298
- **Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
- **Other Treatment Available:** Other services, including massage therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database: [www.amtamassage.org](http://www.amtamassage.org)
- **Right of Agency:** The Client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs
- **Records Transfer:** The Client have the right to coordinated transfer of your records when there will be a change in the provider of services
- **Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law.
- **Right of Nonretribution:** The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I acknowledge that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights. This information as provided to me in a language I can read and understand. This document will be maintained for two years after the last date of services.

Print Name

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Signature

Date

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