

Cornerstone Therapeutics
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Thank you for your recent inquiry about Colon Hydrotherapy. I am an I-ACT Certified Colon Hydro Therapist and Instructor with eighteen years of experience in the profession and also a Licensed Massage Therapist. Cornerstone offers hygienic and comfortable Colon Hydrotherapy, using disposable equipment and multi-filtered water. The use of a FDA cleared; self-sanitizing system allows the temperature and pressure to be regulated while maintaining maximum safety.

Colon Hydrotherapy is a safe, effective method of removing waste from the large intestine, without the use of drugs. By gently introducing filtered and temperature-regulated water into the colon, the waste is softened and loosened, resulting in evacuation through natural peristalsis. This process is repeated a few times during a session.

Fees: First time session is 90 minutes - \$100
 One-hour session - \$75
 One-hour Senior Citizen - \$60
 Full-Time Student - \$60
 Thirty-minute consultation - \$40
 Massage Therapy One-hour session \$65.00
 Massage Therapy 90 Minute session \$90.00

Office Policies: Payment is due in full at the time of your visit. We accept cash, personal checks and credit cards. If a check is not sufficiently funded a returned check fee of \$35.00 will be billed to you.

Please be on time for your appointment, a shortened session will be charged at the full rate. A 24-hour notice is expected in the event of cancellation or postponement, otherwise a fee of \$40 will be charged.

For a healthy environment please refrain from wearing fragrances, colognes, flower oils, perfumed products or strong deodorants.

A referral from your primary health care provider is needed if you have an acute condition or are following a prescribed treatment.

Weekday and Saturday appointments are available. Please call Cornerstone at 781-775-7352 to schedule your appointment. I will be glad to answer any questions you may have.

Thank you,

Lila Reader

I-ACT is the International Association for Colon Therapy at i-act.org.

What Is Colon Hydrotherapy?

Colon Hydrotherapy, is a safe, effective method of removing waste from the large intestine, without the use of drugs. By introducing filtered and temperature-regulated water into the colon, the waste is softened and loosened, resulting in evacuation through natural peristalsis. This process is repeated a few times during a session.

Equipment and Sanitation

Modern Colon Hydrotherapy equipment is manufactured through compliance with FDA guidelines that dictate rigorous accountability. Our FDA-registered equipment features temperature controlled water, mixing and back flow prevention valves, pressure and temperature sensors, and a built-in chemical sanitizing unit. Filtered water and disposable single-use speculae are used.

Consider Preparation for your Colon Hydrotherapy Session.

Prior to your session it is helpful to begin the cleansing process by considering what kind of nutrition, hydration and exercise habits you have. Some basic choices to enhance your experience are to eat fresh organic fruits, vegetables, and grains and hydration. Eat slowly and chew your food for better digestion.

On the day of your appointment eat lightly and limit your water intake. Avoid any foods or beverages that cause you digestive discomfort such as dairy products, fatty foods, junk food and gas producing foods such as beans, broccoli and carbonated beverages.

When you arrive for your Session.

A session is a comfortable experience for many people. You will be given a brief review of the equipment and how to get ready. You will be asked to visit the restroom to empty your bladder and change from the waist down with a large towel to cover you. On the therapy table the disposable speculum will be self-inserted approximately two inches into the rectum. The speculum will have two outer tubes attached, an inflow tube, which infuses a small amount of water into the colon gently stimulating it's natural peristaltic action to release softened waste, and the outflow tube where the waste material and water is expelled.

What to expect after your Session.

At the close of your session you will use the bathroom. The results leave you feeling empty and relaxed. Depending on your toileting habits it may be 1-3 days before your next bowel movement. The Colon Hydrotherapy you experienced will have taught you more about your own body's mechanics and the removal of waste may encourage better colon function and elimination.

The number of Colon Hydrotherapy sessions desired will depend on the individual. Every person's goals will differ. Just as some people exercise on a daily or weekly basis to tone and tighten their outer body; some people follow an ongoing cleansing, toning and rebuilding regimen for the inner body. Colon hydrotherapy could be used as part of any regular maintenance program.

Cornerstone Therapeutics

Please help us provide you with the most appropriate and effective service by completing the following questions. All information is kept confidential. **(Please print clearly on front and back.)**

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____ City/State/Zip _____

Phone: Home _____ Cell _____ E-mail _____

Date of Birth: _____ Occupation: _____

Gender: _____ How did you hear about us? _____

Is this your first Colon Hydrotherapy session? Yes ____ No ____ . If not, when and where was your most recent visit? _____

What, if any, is your prior experience with colon cleansing, other than colon hydrotherapy?

Enemas ____ Fasting ____ Juicing ____ Herbs ____ Laxatives ____ Other _____

Your goal for colon hydrotherapy is: _____

List any Intestinal-related procedures you have had:

____ Colonoscopy ____ Sigmoidoscopy ____ Barium Enema ____ Surgery ____ Other

Have you had any surgery within the last year? Please Describe: _____

Health History: Do you currently have, or have you had in the past, any of the following:

- | | | |
|----------------------------------|--------------------------|----------------------------|
| ____ Allergies | ____ Heart Disease | ____ Reproductive Problems |
| ____ Anemia | ____ Hemorrhoids | ____ Sinus Problems |
| ____ Anorexia/Bulimia | ____ Hepatitis | ____ Skin Condition |
| ____ Appendicitis | ____ Hernia | ____ Ulcer |
| ____ Asthma | ____ Herpes | ____ Abdominal Gas/Pain |
| ____ Auto Immune Disease | ____ HIV/AIDS | ____ Bad Breath |
| ____ Cancer | ____ High Blood Pressure | ____ Belching |
| ____ Candida Albicans | ____ Low Blood Pressure | ____ Bloating |
| ____ Circulatory Condition | ____ Hypoglycemia | ____ Blood in Stool |
| ____ Diabetes | ____ Indigestion | ____ Anal Discomfort |
| ____ Dizziness/Fainting | ____ Kidney Stones | ____ Constipation |
| ____ Epilepsy/Seizures | ____ Liver Imbalance | ____ Chron's Disease |
| ____ Edema | ____ Low Back Pain | ____ Chronic Fatigue |
| ____ Environmental Sensitivities | ____ Lyme Disease | ____ Colitis |
| ____ Extreme Weight Loss/Gain | ____ Metal Poisoning | ____ Diverticulitis |
| ____ Fibroids | ____ Nausea/vomiting | ____ Diarrhea |
| ____ Fissure/Fistula | ____ Nerve Disorder | ____ Polyps |
| ____ Gallstones | ____ Parasites/Fungi | ____ Poor Appetite |
| ____ Headache/Migraine | ____ PMS | ____ Pregnant |
| ____ Heartburn | ____ Prostate Problem | |
| ____ Heart Condition | ____ Renal Insufficiency | |

Do you use any of the following, and how often do you use? Antibiotics _____
 Laxatives _____ Over the counter drugs _____ Steroids _____
 Recreational drugs _____ Birth control _____ Tobacco _____
 Prescription drugs (please list) _____
 Supplements _____

Are you under the care of a physician? Yes ___ No ___. If yes, please provide name and telephone:

Do you exercise? _____ How often? _____ What type of exercise do you enjoy? _____

Elimination:

How many bowel movements to you usually have? Per Day _____ Per Week _____

Please circle: The stool: Floats Sinks Shows signs of mucous Shows signs of blood Has a strong odor

Do you strain to have a movement? Yes/No _____ Does the movement feel complete? Yes/No _____

Diet: Using the following key, please indicate your dietary usage. H = Heavy M= Moderate L = Light N = Never

- | | | | |
|------------------------|-----------------------|---------------------|--------------------|
| ___ Alcohol | ___ Decaf Tea | ___ Junk Food | ___ Salt |
| ___ Algae | ___ Dried Fruit | ___ Legumes | ___ Smoothies |
| ___ Antacids | ___ Eggs | ___ Nuts/Seeds | ___ Soy |
| ___ Aspirin | ___ Fatty Foods | ___ Organic Foods | ___ Soda |
| ___ Caffeinated Coffee | ___ Fish | ___ Pasta | ___ Sugar |
| ___ Caffeinated Tea | ___ Fresh Juice | ___ Popcorn | ___ Water |
| ___ Carbonated Water | ___ Fruit/Fruit Juice | ___ Poultry | ___ Wheat Products |
| ___ Cheese | ___ Green Leafy | ___ Processed Foods | ___ Whole Grains |
| ___ Chocolate | ___ Vegetables | ___ Protein Shakes | ___ Yogurt |
| ___ Dairy Products | ___ Gum | ___ Psyllium Fiber | |
| ___ Decaf Coffee | ___ Ice Cream | ___ Red Meat | |

I have read and agree to the following policies of Cornerstone Therapeutics:

- Please be on time. Late arrival will result in a shortened session and will be charged at the full rate. Cornerstone Therapeutics requires 24 hours notice for all cancellations or postponements, otherwise a \$40 fee will be charged. As a courtesy we give clients a telephone/text reminder a day before an appointment.
- Payment in full is due at the time of your visit. We accept cash and personal checks. Any returned checks will be charged a \$35.00 fee and cash payment will be required for all future visits.
- A referral from your primary health care provider or supervising physician is required if you have an acute condition or are following a prescribed treatment.

Client Signature: _____

Date: _____