

## COLON HYDROTHERAPY INFORMED CONSENT

I, \_\_\_\_\_, have decided to undergo a Colon Hydrotherapy procedure.

Colon Hydrotherapy is intended to irrigate the lower bowel. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure.

I understand that I or the technician will insert a tube/speculum into my rectum, and agree that I will witness that the tubing is sterile from a new container; the technician using sterile or new instruments.

Possible side effects of Colon Hydrotherapy include but are not limited to:

1. Perforation of the rectum or colon; the risk of which increases with age. \_\_\_\_\_ Initial
2. Allergic reaction to nozzle or solution \_\_\_\_\_ Initial
3. Electrolyte imbalance \_\_\_\_\_ Initial
4. Infection. \_\_\_\_\_ Initial

I confirm that I do not have the following contraindicated conditions which would make me ineligible for Colon hydrotherapy: Kidney Dialysis/Disease, Renal failure or renal insufficiency (kidney failure), Cirrhosis of the Liver, Pregnancy. \_\_\_\_\_ Initial

I understand that Colon hydrotherapy should be avoided by people suffering from the following, unless prescribed by a physician: Anemia (severe), Aneurysm, Carcinoma, Cardiac Disease (severe, uncontrolled hypertension/high blood pressure), Crohn's Disease, Congestive heart failure, Diverticulitis (severe or acute), Fissures/fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (Incarcerated Abdominal), Prostatitis, Recent Abdominal Surgery (last six months), Tumors, Ulcerative Colitis. I confirm that I am not suffering from any of these ailments. \_\_\_\_\_ Initial. If I do have any of these ailments, I have a doctor's prescription to receive treatment today. \_\_\_\_\_ Initial.

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this procedure. \_\_\_\_\_ Initial

I confirm that I am not under the age of 18. \_\_\_\_\_ Initial. If under the age of 18, I am between the age of 15-17 and have a parent or guardian present and have a prescription written by a physician indicating the procedure for said minor. \_\_\_\_\_ Initial

This list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any medication or procedure.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this colon hydrotherapy treatment and release the doctor, the person performing the colon hydrotherapy procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_