Confidential Colon Hydrotherapy Form

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PLEASE PRINT AND ANSWER ALL QUESTIONS:

Name:_____ Date: _____/_____/_____

What is a Contraindication? (con-tra-in-di-ca-tion) A contraindication is a specific health condition in which a drug, disease, procedure, treatment, or surgery is inadvisable, as it may be harmful to the health of the patient.

CONTRAINDICATIONS: Please check (yes or no) if you ever had any of the following:

	YES	NO		YES	NO		YES	NO
Abdominal Hernia			Colitis			Intestinal Perforation		
Abdominal Surgery			Crohn's Disease			Lupus		
Abdominal Distention			Hypertension			Pregnant		
Acute Liver Failure/ Cirrhosis			Diverticulitis/ Diverticulosis			Rectal/Colon Prolapse		
Anemia			Cancer – Type _____			Renal Insufficiencies		
Aneurysm- All Types			Cardiac Condition			Fissures/ Fistulas		
Hemorrhaging			Hemorrhoidectomy			Dialysis Patient		
Rectal/Colon Surgery			Infectious Disease (HIV, AIDS, HEP-C)			Recent Colonoscopy		

If You answered "YES" to any of the above please explain and give date of diagnosis: _____
Is the contraindication currently active? YES ____NO ____

I have NOT been diagnosed with any contraindications for colon hydrotherapy: PLEASE INITIAL: X _____

Please write **YES** or **NO** to the following: (If you choose not to answer PLEASE INITIAL: _____)

_____ Allergic to Latex or Oils
_____ Bladder Infection
_____ Diarrhea
_____ Allergies
_____ Burning / Itching anus
_____ High/ Low Blood Pressure
_____ BM Painful/Difficult
_____ Constipation
_____ Recent Barium Enema
_____ Use of Laxatives
_____ Bloating
_____Rectal/Blood in Stool
_____ Seizures
_____ Lung Disorders
_____ Liver Disorders
_____ Irritable Bowel (IBS)
_____ Heart-burn/ Acid Reflux
_____ Excess Gas
_____ Edema/ Swelling
_____ Diabetes
_____ Dizziness
_____ Skin Problems
_____ Digestive Problems
_____ Bladder Infection
_____ Organ Transplant
_____ Pacemaker
_____ Prostate Problems
_____ Uterus Disorder
_____ Hemorrhoids- Internal___ External___
_____ Vomiting
___/___/___Date of Last Menstrual
_____Other

If you answered YES to any please explain and indicate how long you have had this situation:_____

POSSIBLE SIDE EFFECTS: Increased Energy, Nausea, Vomiting, Cramping, Light Headed, Excessive Gas or Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, Hemorrhoids: (which may be irritated, inflamed or bleed)

PRECAUTIONS: Over Hydration: (may occur when multiple colonic sessions are done during a short period of time) Perforation of Rectum / Colon, Irritation / Inflammation / Allergic Reactions of the rectum due to lubricant, Water Over temperature, other issues when colonic equipment is improperly used, failure to use approved disinfectants to perform the monthly and annual maintenance to prevent bacteria growth and/or operated by untrained therapists.

READ AND INITIAL: I am aware that this Center uses USA Food & Drug Administration (FDA) Colon Hydrotherapy Device(s) and that all persons using/operating Colonic Devices are required to have completed Manufacture Device Training and that in some States are required to complete I-Act Certification Course criteria to meet State Legislation. I have been informed that this Center has a Licensed Medical Professional directing oversight that may NOT be on site. I am aware, adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon hydrotherapy, colonic irrigation, and/or enema systems. Should I experience resistance during my nozzle insertion, I will be responsible for immediately stopping my session.

I HAVE READ AND UNDERSTAND. CLIENT INITIALS: X_____

What are you expecting to receive from this appointment? What are your long-range goals?

Today:_____

Long-Range: _____

Have you ever had a colonic before? _____ If "YES" when was your last session? _____

How many bowel movements per day do you have? _____Do you strain to have a bowel movement?_____

Do you use a stool softener or laxative? _____Herbal Laxative?_____ Suppository?_____

Do you have hemorrhoids or other rectal problems?_____

Have you ever had bleeding from colitis or any bodily orifice? _____

If 'YES" please explain: _____

Have you ever had a barium enema? _____ If so when? _____Have you ever had a colonoscopy? _____If so when? _____

Providing the following information is optional but helpful:

YES	NO		IF "YES" PLEASE EXPLAIN
		Do you drink alcohol?	
		Do you drink coffee?	
		Do you smoke?	
		Have you ever used drugs recreationally?	
		Do you have any reaction if meals are delayed?	
		Do you have indigestion?	
		Do you have irregular sleeping habits/ insomnia?	

Please state what you normally eat for the following meals:

Breakfast:	Lunch:	Dinner:

How much water do you drink per day? _____ Do you have reactions when meals are delayed? _____

Are you always/never hungry or eat when nervous? _____

Do you crave any foods? If YES give details:_____

PREPAID DISCOUNTED COLONIC SESSION PACKAGES SOLD AS FOLLOWS:

1. All prepaid Discounted Colonic Sessions are to be used within (12) months of purchase.
2. No show appointments or cancellations are counted as a used session without 24-hour advance cancellation.
3. Health History should be updated after twelve sessions. No Refunds! Non-Transferable!

CLINT SIGNATURE: X_____ Date ___/___/___

I have honestly answered all above questions and I am not intentionally withholding information about my health. I have been informed and agree to the self-insertion and self-retraction of the speculum. I have reviewed and discussed with the LIBBE Device Trained Therapist that I do not have any Diseases, Contraindications or other Health Concerns and I wish to proceed with my colon hydrotherapy sessions:

CLIENT SIGNATURE: X_____Date ___/___/____

As a trained therapist, I will always follow the LIBBE Manufacture operation & maintenance guidelines. I have reviewed and discussed this form with above client. **Therapist Signature:** X_____ Prescription Exp:_____