Contraindications for Colon Hydro-Therapy

The following standards are recognized by professional Colon Therapy Associations and corresponding Doctors as general guidelines for clients who are pursuing hydro-colon therapy. Please consult with your physician if you are experiencing any health conditions prior to your first colonic and to determine if you are well enough to undergo a treatment.

If you have any one of the following conditions, please do not get a colon hydro-therapy unless given approval and/or by prescription from your physician.

* Active/Inflamed Hemorrhoids
* Aneurysm
* Congestive Heart Failure
* Crohn’s Disease
* Ulcerative Colitis
* Diverticulitis
* Epilepsy/Seizures
* Fissures/Fistulas
* GI Hemorrhage/Perforation
* Hernia
* Kidney Dialysis
* Pregnancy
* Recent Abdominal Surgery
* Renal Insufficiency

My signature verifies that: (check one of the following statements)

I have read the above information and do not have any of the contraindicated conditions.

OR

I may have or do have a condition that requires me to have a prescription for the colonic treatment. I understand that my therapy will be. I understand that a colon treatment is an aid and not used to cure or mitigate any disease.

Client Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_