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**Colon Hydrotherapy Contraindication Questionnaire**

Contraindicated Conditions (Not Eligible for a Colonic)

* Kidney Dialysis
* Renal failure or renal insufficiency
* Cirrhosis of the Liver
* Pregnancy
* Congestive Heart Failure
* Severe Anxiety Disorder

Contraindicated Conditions that Require Prescription:

* Severe Anemia
* Abdominal Aneurysm
* Severe Cardiac Disease (Uncontrolled Hyper-tension)
* Crohn’s Disease (contraindicated once in advanced stages)
* Diverticulitis: (Acute stages)
* Epilepsy/Seizures (contraindicated when uncontrolled)
* Fissures/Fistula (contraindicated if painful or bleeding)
* GI Hemorrhage/Perforation (contraindicated if intestinal perforation)
* Hemorrhoids (contraindicated if severe)
* Hernia (contraindicated if painful)
* Prostatitis (contraindicated when acute)
* Surgery: Recent Abdominal (contraindicated within 6 months’ post-surgery)
* Tumors (contraindicated when in the rectum or colon)
* Ulcerative Colitis: Severe (contraindicated when acute/bleeding)

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

* I have read the above 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 have scheduled. I understand that my therapy will be rescheduled, or cancelled, if I am unable to meet the above terms and conditions.

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Client Signature Date