

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.

___ 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 insufficiency (kidney failure) Cirrhosis of the Liver, Pregnancy (first or third trimester).

___ 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. If I do have these ailments, I have a doctor's prescription to receive treatment today.

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.

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 person performing the procedure and the facility from liability associated with this and all subsequent treatments with the above understood. I understand that Debra Graham, CT, ND is not a medical doctor and she does NOT diagnose, treat, or claim to cure any illness or disease.

SIGNATURE:

DATE:

PRINT NAME: