



**BODY FLOW WELLNESS, LLC
COLON HYDROTHERAPY**

INFORMED CONSENT for COLON HYDROTHERAPY

COLON HYDROTHERAPY (colonic) is a gentle method of cleansing the colon of accumulated fecal matter, gas, mucus, toxins and bacteria. A single-use, disposable, lubricated sterile rectal nozzle is inserted and triple-filtered, purified warm water flows slowly into the colon.

During the 40 minute session a total of approximate 8 gallons of water will gently flow into and out of the large intestine. By signing below, client acknowledges full instructions for use has been given. Body Flow Wellness uses a FDA Registered Class II state-of-the-art, open system called Angel of Water, which allows the client as much privacy as she/he desires. The colon hydrotherapist is always available to be present in the room with the client during each session as per the client's expressed wishes.

Side effects and risk factors are very uncommon, but can occur; consequently, in rare instances, such effects and factors , included but not limited to: fatigue, nausea/vomiting, flu-like symptoms (from toxins being released), and/or tear of the anus, rectum, colon. Hemorrhoids may become irritated, inflamed or bleed.

By signing below, I understand the risks and benefits of colon hydrotherapy. I authorize the colon hydrotherapist to administer the service of Colon Hydrotherapy. I acknowledge colon hydrotherapy is not intended to replace or be a substitute for medical care. I am aware that the Colon Hydrotherapist is not a physician and cannot diagnose, treat or prescribe.

~ I affirm that I understand the purpose and potential risks of the procedure, and that it is an elective service.

~I hereby release Body Flow Wellness, LLC and Independent Contractor from any and all liability which may occur in connection with the above mentioned procedure.

~I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.

CANCELLATION POLICY: Your appointment time is booked just for you. As a professional courtesy to other clients and staff, we request a 24 hour notice if you must cancel or reschedule your appointment. **A \$35 SAME DAY CANCELLATION/RESCHEDULE. NO CALL/NO SHOWS will be charged 100% of total services booked.**

A credit card is required to secure your appointment online. Please understand this is NOT A PRE-PAYMENT for your appointment as stated in your confirmation email. Your card can only be accessed through Square if you violate the cancellation policy. We will accept payment at the end of your appointment. \$85 cash or \$95 credit card.

Signature of Client (or of Guardian if under age 18)

Date

List of medications/supplementations _____

Allergies _____

Surgeries _____

Medical History _____

CONTRAINDICATIONS (current conditions or in the Last 6 months):

ANAL FISSURE (acute, painful crack or tear)

ANAL FISTULA (infected anal fissure)

CROHN'S DISEASE

COLON CANCER

COLON, RECTAL, OR ABDOMINAL SURGERY (less than 6 months ago)

DIVERTICULITIS (not contraindicated if you have had no episode within 6 months AND you are currently symptom free)

SEVERE HEMORRHOIDS (now painful or bleeding)

KIDNEY DIALYSIS

CIRRHOSIS/ASCITES

RENAL FAILURE

RECTAL BLEEDING (current)

ULCERATIVE COLITIS

CONGESTIVE HEART FAILURE

PREGNACY (current, and until 6 weeks post partum)

*******IF YOU MUST CURRENTLY ANSWER YES TO ANY OF THE ABOVE,
PLEASE HAVE YOUR COLONIC SESSION AT ANOTHER TIME*******

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