



COLON HYDROTHERAPY

HEALTH HISTORY QUESTIONNAIRE

PLEASE PRINT AND ANSWER ALL QUESTIONS.

Date: _____

Print Name: _____

Height: _____ Weight: _____

Are you under a physician's care? Yes ☐ No ☐ Physician's Name: _____

Emergency Contact: _____ Relation: _____ Phone: _____

CONTRAINDICATIONS

Type of contraindication	Check if "YES"	Date
Abdominal hernia		
Abdominal surgery		
Abnormal distension		
Acute liver failure		
Anemia		
Aneurysm-All types		
Cancer. If yes, what type? _____		
Cardiac condition		
Crohns disease		
Colitis		
Dialysis patient		
Diverticulitis/Diverticulosis		
Fissures and/or Fistulas		
Hemorrhaging		
Hemorrhoidectomy		
Intestinal perforations		
Lupus		
Pregnant. Due date: _____		
Rectal or colon surgery		
Renal insufficiencies		
Hemorrhoids. Internal <input type="checkbox"/> External <input type="checkbox"/>		
Blood in stool		
Recent colonoscopy		
Use laxatives		
BM painful or difficult		
Burning or itching anus		
Constipation		
Diarrhea		
Vomiting		

Bloating		
High blood pressure		
Infectious disease		
Last menstrual period		
Allergic to latex		
Bladder infection		
Other:		

"I have not been diagnosed with any contraindications for colon hydrotherapy." Client Initials: _____

PRESCRIPTION DRUGS THAT CAN WEAKEN THE WALLS OF THE COLON ARE LISTED BELOW

Aleve	Advil	Ibuprofen	Naproxen	Celebrex
Dolobid	Orudis	Relafen	Feldene	Voltaren
Indocin	Clinoril	Tolectin	Lodine	Toradol
Daypro	Prednisone	Methotrexate	Warfarin	Digoxin
Carvedilol	Coreg	Atorvastatin	Lipitor	Zocor
Lescol	Mevacor	Pravachol	Plavix	Furosemide
Any other diuretic				

READ AND INITIAL

"I am aware that this center uses FDA colon hydrotherapy devices and that the trained therapist is not required to be state licensed. This center does have a licensed Medical Director that may NOT be on site. No studies have been conducted for this alternative and complementary modality. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon hydrotherapy devices and/or enema kits. Should I experience resistance during my nozzle insertion, I will immediately stop my session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session." If you are taking medications that may increase the risk for potential side effects, then you should consult with your physician before proceeding with your colonic.

"I have read and understand my responsibilities for colon hydrotherapy sessions." Client Initials: _____

"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: _____ Date: _____

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 or perform the monthly and annual maintenance to prevent bacteria growth and/or operated by untrained therapists.

As a trained therapist, I will always follow the LIBBE Manufacture operation, use and maintenance guidelines. I have reviewed and discussed this form with the above client.

Therapist Signature: _____ Date: _____