

ALIST WELLNESS CENTER LLC



**ADDITIONAL HEALTH HISTORY
FOR COLON HYDROTHERAPY**

A contraindication is any indication or symptom that makes it inadvisable to use a particular therapy.

How often do you have BM? 1 x a day _____ 2 x a day _____ 2-3 x a day _____ 1 x a week _____

Do you use a laxative? _____ Herbal laxative _____ Stool softener _____ Suppositories _____ Enemas _____

**THE FOLLOWING ARE CONTRAINDICATIONS FOR COLON HYDROTHERAPY:
If any of these apply to you, we are not able to treat you with colon hydrotherapy at the present time.**

- | | | | |
|------------------------|-------|--------------------------------|-------|
| Abdominal Hernia | _____ | Diverticulosis/ Diverticulitis | _____ |
| Abdominal Surgery | _____ | Dialysis Patients | _____ |
| Abdominal Distention | _____ | Fissures & fistulas | _____ |
| Acute Liver Failure | _____ | Hemorrhaging | _____ |
| Anemia | _____ | Hemorrhoidectomy | _____ |
| Aneurysm All Types | _____ | GI hemorrhage / perforations | _____ |
| Carcinoma of the Colon | _____ | Lupus | _____ |
| Cardiac disease | _____ | Advanced pregnancy | _____ |
| Cirrhosis | _____ | Rectal/Colon Surgery | _____ |
| Colitis | _____ | Renal Insufficiency | _____ |
- Are you currently taking any medication's, which may weaken the intestinal walls? Yes _____ No _____

PLEASE SIGN CONFIRMING DO NOT HAVE ANY OF THE ABOVE CONTRAINDICATIONS:

SIGNATURE: _____ DATE: _____

- | | |
|---|---|
| BM painful / difficult Yes _____ No _____ | Bladder infection Yes _____ No _____ |
| Blood in stool Yes _____ No _____ | Burning / Itching Anus Yes _____ No _____ |
| Infections disease Yes _____ No _____ | Hemorrhoids Yes _____ No _____ |
| Recent barium enema Yes _____ No _____ | Recent colonoscopy Yes _____ No _____ |
- Have you ever had rectal bleeding, if yes, when? _____

Are you under a MD or ND's Care? If yes, please explain: _____

I have never been diagnosed with any contraindications for colon irrigation. I am aware that colon irrigation and enema device user facilities are not physicians and therefore do not insert, diagnose or prescribe. I am aware adverse events such as perforation, injury and illness have alleged and claimed with the use of colon irrigation and enema devices. I am responsible for any own self-insertion, if I experience resistance during the insertion, I will immediately stop my session. If during the session I experience discomfort or pain, I am responsible for immediately stopping my session. This facility does not claim to cure or treat any condition or disease.

**Client Signature: x _____ Date: ____/____/____
(For clients 18 or under, the signature & attendance of the parent or guardian for insertion is required.)**