



Oasis Colon Hydrotherapy 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 cool. 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.

I understand that the certified colon hydrotherapist (CHT) will insert a tube/speculum into my rectum, and agree that I will witness that the tubing is sterile from a new container, the CHT using sterile or new instruments.

Possible side effects of Colon Hydrotherapy include but are not limited to:

1. Perforation of the rectum or colon; the risk of which increases with age. _____ Initial
2. Allergic reaction to speculum or solution. _____ Initial
3. Electrolyte imbalance. _____ Initial
4. Infection. _____ 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 renal insufficiency (kidney failure), Cirrhosis of the Liver, Pregnancy. _____ 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 (sever or acute), Fissures/Fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (incarcerated abdominal), Prostatitis, recent abdominal surgery (last six months), tumors, Ulcerative Colitis. I confirm that I am not suffering from any of these ailments. _____ Initial. If I do have any of these ailments, I have a doctor's prescription to receive treatment today. _____ Initial.

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this procedure. _____ Initial.

I confirm that I am not under the age of 18. _____ Initial. If under the age of 18, I am between the age of 15-17 and have a parent or guardian present and have a prescription written by a physician indicating the procedure for said minor. _____ Initial.

This 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.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

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 doctor, the CHT performing the procedure and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature: _____ Date: _____