



**Body Balancing Center, LLC.**  
**70 James St, Suite 155A**  
**(508) 797-5057 Fax (508) 798-5522**

**Health History For Colon Hydrotherapy**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please circle "Yes" or "No" or "Sometimes" to the following questions:***

Do you have hemorrhoids? (internal or external)	Y / N / S	Do you use laxatives?	Y / N / S
Do you strain to have a bowel movement?	Y / N / S	Do you suffer with bad breath or coated tongue?	Y / N / S
Do you ever have rectal bleeding?	Y / N / S	Have you had a recent Barium Enema?	Y / N / S
Do you ever see blood in your stool?	Y / N / S	Have you had a recent Colonoscopy?	Y / N / S
Do you ever suffer from a burning or itching anus?	Y / N / S	Have you had a recent Sigmoidoscopy?	Y / N / S

**Contraindications For Colon Hydrotherapy**

***Please review the chart below. Check any and all conditions that pertain to you. Past or Present.***

Abdominal Hernia		Tumors in Rectum – Large Intestine	
Abdominal Surgery		Dialysis Patient	
Abnormal Distention		Diverticulosis / Diverticulitis	
Acute Liver Failure		Fissures / Fistulas	
Anemia (caused by disease)		Hemorrhaging	
Aneurysm (all types)		Hemorrhoidectomy	
Carcinoma of the Colon		Intestinal Perforation	
Cirrhosis		Systemic Lupus	
<u>Cardiac Condition:</u> (Uncontrolled Hypertension, Recent Cardiac Surgery, Congestive Heart Failure)		Currently Pregnant	
Crohn's Disease		Recent Rectal Surgery	
Colitis		Renal Insufficiencies	

**Disclaimer and Consent for Colon Hydrotherapy**

I, \_\_\_\_\_ have not been diagnosed with any contraindications for colon hydrotherapy. I am aware that Colon Hydro-therapists are not Physicians and are not licensed to insert, diagnose or prescribe in the State of Massachusetts, and therefore will not do so. I am aware that during the process of colon hydrotherapy adverse events such as perforation, injury and illness might occur with the use of colon irrigation and enema devices.

I hereby acknowledge that I am an active participant in my colon hydrotherapy session. If I experience any resistance during the insertion, I will immediately stop and notify the therapist. If I experience any discomfort or pain during my session, I hereby acknowledge that it is my sole responsibility to immediately stop my session and notify the therapist.

**Client Signature: X** \_\_\_\_\_  
*(Clients under the age of 18, the signature and attendance of the parent or guardian is required.)*