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## **Colon Hydrotherapy Contraindications Questionnaire**

To Determine Your Eligibility for Colon Hydrotherapy:

These standards are meant as general guidelines. Because each person has a unique medical history, you should consult your physician to determine if you are healthy enough to undergo colon hydrotherapy. Persons with certain medical conditions (contraindicated conditions) are prohibited from undergoing colon hydrotherapy unless you are given approval from and or by prescription from your physician. These conditions include the following:

Contraindica	ated conditions	(not eligible	e tor col	lonic):

- Kidney Dialysis
- Pregnancy
- Conditions by prescription only:
  - Anemia: Severe
  - Aneursym
  - Carcinoma
  - Cardiac Disease: Severe (e.g uncontrolled hypertension or high blood pressure)
  - Chron's Disease
  - Congestive Heart Failure (eg. organic valve disease)
  - Diverticulitis: severe or acute

- Renal failure or renal insufficiency
- Cirrhosis of the liver
- Epilepsy/Seizures
- Fissures/Fistulas
- GI Hemorrhage/Perforation
- Hemorrhoids (when internal or
- Hernia: Incarcerated Abdominal
- Prostatitis
- Surgery : Recent Abdominal (6 months or earlier post-surgery)
- Tumors
- Ulcerative Colitis: Severe

My signature verifies that: (check one of the following statements):

\_\_\_\_I have read the above and do not have any of the contraindicated conditions

OR

\_\_\_\_I may have or do have a condition that requires me to have a prescription for the colonic treatment. I have scheduled. I understand that my therapy will be rescheduled if I am unable to meet the above terms and conditions.

\_\_\_\_I am a Department of Veterans' Affair (DVA) member. \_\_\_\_I am receiving Blue Care.

\_\_\_\_I require additional mobility aid (please call 360 Health prior to your 1st appointment to advise)

Client Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_.

Client Name: