

MY PLACE WELLNESS

10624 S. Eastern Ave Suite H

Henderson, NV 89052

(702)444-2035

Information and Informed Consent for Colon Hydrotherapy

Recommendations:

1. Check with healthcare provider, especially if you are taking medication(s) or have any health problems, such as kidney disease, heart disease, gastrointestinal disease.

Colon Hydrotherapy Information

Colon hydrotherapy is also called colon cleansing or colonic irrigation. It is the gentle cleansing-method that uses large amounts of water and possibly other substances (herbs or coffee) to flush out the colon via the rectum. In some cases, smaller amounts of water are used and left to sit in the colon for a short time before being removed. The client positions himself/herself on a single-use, disposable and sterile rectal nozzle. Under control of the client, filtered and sterilized water is run slowly into the colon. In one session, water will gently flow into and out of the large intestine. My Place Wellness uses the Angel of Water colon hydrotherapy system, giving clients privacy. The qualified staff(s) is/are always available to be present in the room with the client, during each session per client's request.

*Side effects: cramping, bloating, diarrhea, nausea & vomiting, joint & body aches, lightheadedness, headaches

Why people chose Colonic Hydrotherapy

- ♥ Removes toxins
- ♥ Removes accumulated waste
- ♥ To prevent constipation
- ♥ Boosts energy
- ♥ Boosts immune system
- ♥ Hydrates and improves overall health

Health Contraindications (if you have any of the following, date month & year)

DATE		DATE	
	Abdominal Hernia		Crohn's disease
	Severe Hemorrhoids (& removal)		GI perforation
	Abdominal surgery		Colom or rectal surgery
	Acute liver failure		Intestinal tumors
	Cirrhosis		Ulcerative colitis
	Dialysis patient		Diverticulitis/Diverticulosis
	Renal insufficiencies		Aneurysm
	Fistulas & fissures		Anemia (severe)

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DATE		DATE	
	Severe cardiac disease		Carcinoma of the Colon/GI cancer
	GI hemorrhaging/hemorrhaging		Lupus
	Congestive heart failure		Pregnancy (stimulates uterine contractions)
	Heart disease		Abnormal distention

Please date any of the following that apply:

DATE		DATE	
	Hemorrhoids: internal external		Bloating
	Rectal/blood in stool		High blood pressure
	Recent colonoscopy		Infectious disease
	Use laxatives		Date of last menstrual period
	Bowel movements that are painful or difficult		Allergic to latex
	Burning/itching anus		Bladder infection
	Constipation/diarrhea		Infectious disease
	Vomiting		Other:

Potential risks/possible complications

- Aggravation of symptoms existing prior to the session
- Digestive distress (gas)
- Appetite changes
- Energy changes (tiredness)
- Minor bleeding
- Bowel perforation
- Excessive fluid absorption
- Electrolyte imbalance
- Heart failure
- Serious infection
- Allergic reaction to the lubricant

***serious complications are rare but may occur.

**We use disposable equipment and clean after each patient, so each patient has a clean and sterile experience **

Time per Session: 45 minutes to 1 hour (plus undress and dress time)

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LATE ARRIVALS AND CANCELLATIONS

We require a credit card number to hold all appointments. In the event you need to cancel your scheduled appointment with us, we do require at least 24 hour-notice. In the case of a same day cancellation or if you fail to show up at your scheduled appointment time, you will be charged a \$50 fee for your missed service. This is as a courtesy to the staff member, and so that we may possibly accommodate the needs of other clients. However, we understand that emergency situations do arise, and we will accommodate you if, at all, possible.

If you arrive late, the length of your treatment will be reduced to end as scheduled, therefore allowing the provider to take their next scheduled appointment on-time. If you must cancel, please call 24 hours in advance to avoid the cancellation fee.

I am aware that there are other services provided at My Place Wellness and associates as a convenience. There is no obligation that I purchase other services offered.

**FDA approved, class II system

I have read ALL above information and have had the chance to ask questions on the service. I have read and completed this form to the best of my knowledge.

Print Name _____

Signature _____

Date _____

LIABILITY CONSENT

I _____, understand that the colonic hydrotherapy offered by My Place Wellness is not intended for medical treatment. Furthermore, I acknowledge colon hydrotherapy is not intended to replace or be a substitute for medical care or evaluation from licensed professional, or medical or personal healthcare provider(s). Also, the staff of My Place Wellness are not physicians and do not provide medical care, treatment(s), diagnose(s), or prescribe. Colon hydrotherapy is considered a wellness and an elective service. I understand the colon hydrotherapy is contraindicated for pregnant women and therefore one should not do if pregnant.

I will immediately stop my session if I experience:
resistance during my nozzle insertion or
discomfort or pain

By signing below, I understand the risks and benefits of colon hydrotherapy. I authorize qualified staff member(s) of My Place Wellness to perform the service of colon hydrotherapy. I understand my responsibilities for the Colonic Hydrotherapy. I understand and freely accept the potential risks/possible complications as stated above. I hereby release My Place Wellness, its staff, it's members, and associates from all liabilities regarding my service(s) associated with Colonic Hydrotherapy. I have read all the above and understand all features of the above consent.

Signature: _____

Date: _____

Name (Print): _____