Consent – Contraindications for Detoxification Services

While these detoxification services are considered very safe and effective for most, there are some contraindications that you should be aware of. In many cases, these therapies may still provide benefit and it is up to your licensed physician to prescribe the most appropriate treatment. For this reason, along with your consent, *we require a prescription or signed referral from a licensed physician for anyone receiving colon hydrotherapy having a contraindication listed* ***proceed with caution column. Restricted column services will not be provided.***

	RESTRICTED (Cannot do service)	**PROCEED WITH CAUTION (May require doctor prescription)**
Colon Hydrotherapy	☐ Abdominal surgery within 12 weeks ☐ Acute liver failure ☐ Aneurysm ☐ Carcinoma of the colon ☐ Crohn's Disease/Colitis ☐ Dialysis/renal insufficiencies ☐ Diverticulosis/Diverticulitis ☐ Fissures/Fistulas ☐ Hemorrhaging ☐ Intestinal Perforations ☐ Pregnancy ☐ Rectal surgery last 12 weeks ☐ Weighing more than 275 lbs	☐ Abdominal Hernia ☐ On Blood Thinners or NSAIDS ☐ Cardiac Conditions ☐ History of Hemorrhoidectomy ☐ Diagnosis of Lupus ☐ Severe Anemia ☐ Active hemorrhoids ☐ **NONE APPLY – No prescription needed**
Ionic Foot Bath	☐ Surgical implants/pacemakers ☐ Heartbeat regulating medication ☐ Pregnant or breast-feeding women ☐ Organ transplant recipients ☐ On Blood thinner medication ☐ Medications, the absence of which would mentally or physically incapacitate	☐ Medication requires steady level to be maintained for effectiveness. Schedule session prior to taking medication ☐ Congestive heart failure ☐ Take Insulin ☐ Diabetes ☐ Metal joint implant ☐ **NONE APPLY – No prescription needed**
Infrared Sauna	☐ Have recently taken drugs or alcohol (within 24 hrs.) ☐ Hemophiliacs or prone to bleeding ☐ Insensitive to heat ☐ Pregnant ☐ Joint Injury within the last 48 hrs	☐ Diuretics, barbiturates, beta-blockers, anticholinergics, and antihistamines ☐ Cardiovascular conditions ☐ Child/Elderly (15 min at lower setting) ☐ Chronic Condition that impair sweating ☐ Have Metal Implants ☐ Pacemaker or defibrillator ☐ **NONE APPLY – No prescription needed**

1. I have read the list of contraindications for detoxification therapies and verify that my answers are true.
2. I understand that I may need a prescription from a physician.
3. If I experience any new health problems or a worsening of existing health problems, I will contact my physician immediately.
4. I understand that it is my responsibility to inform the practitioners at Nourishing Journey of any changes in my health that may be related to the listed contraindications.

My signature below signifies that I have read and understand what is written above.

Client/Guardian Signature: _____ Date: _____

Client/Guardian (printed): _____

Client Name if Minor: _____

Nourishing Journey

Name: _____

Date: _____

Bowel Movement Questionnaire (For colonic services only):

1. Do you experience frequent cramping or gas?
   - ☐ Yes
   - ☐ No
2. Do you experience frequent bloating?
   - ☐ Yes
   - ☐ No
3. Do you have loose bowel movements after eating certain foods?
   - ☐ Yes
   - ☐ No
4. Do you have mucous in your stool?
   - ☐ Yes
   - ☐ No
5. Your stool consistency is usually
   - ☐ Hard and solid
   - ☐ Soft but still solid
   - ☐ Mushy
   - ☐ Liquid
6. If your stool is solid, is it
   - ☐ Hard balls
   - ☐ Long and formed like a snake
   - ☐ Wide and long
   - ☐ Other Explain:_____
7. How often do you have bowel movements?
   - ☐ Once per week or less
   - ☐ Every 2 or 3 days
   - ☐ Once every day
   - ☐ 2 or 3 times per day
   - ☐ 4+ times per day
8. The color of your stool is typically
   - ☐ Medium brown
   - ☐ Dark brown
   - ☐ Light brown
   - ☐ Yellow
   - ☐ Green