Constitutional Hydrotherapy Referral Form

PATIENT INFORMATION

Name

First Name:

Last Name:

Date of Birth

Gender

- Male
- Female
- Other

Address

Line 1:

City:

Line 1:

Country:

State:

Zip Code:

Phone

Emergency Contact Person & Phone

Allergies & Food Intolerance

Carroll Food Intolerance:

Allergies:

Medications & Supplements

Medications:

-

Supplements:

-

Referral & Provider Information

Constitutional Hydrotherapy can only be prescribed by a Naturopathic Medical Doctor (credentials: N.D.) or Chiropractor (credentials D.C.) or Physical Therapist (credentials D.P.T.) as these are the only approved curriculums that understand the therapeutic value, science of this natural therapeutic and the model of healing.

Referring Provider

Check Credential of Referring Provider

Please select all that apply

- ☐ N.D.
- ☐ D.C.M.
- ☐ D.P.T.

Referring Provider Signature

(This will require your client's signature)

Today's Date

Select CHT variations allowed

Please select all that apply

- ☐ Standard with sine wave

- [ ] Reversed variation
- [ ] Thinner towel for more frail or elderly
- [ ] Diathermy variation
- [ ] 42 variation
- [ ] Pregnancy Protocol

Reason for Therapy and other pertinent notes

Anatomical Notes: Please note any areas where any implant or other hardware is located (silicone, metal, pacemaker, stimulator, joint replacements, metal sutures).

Contraindications: Please check any positive contraindications.

Contraindications for Sine Wave

Please select all that apply

- [ ] Stones (kidney, gallbladder, bladder) - Note: this is a relative contraindication as sine wve may be used to intentionally to treat these by a knowledgable provider
- [ ] Known Clot (DVT, PE, etc.)
- [ ] Conditions where we don't want to stimulate the immune system: cancer, organ transplant

Contraindications for Diathermy

Please select all that apply

- [ ] Metal or Silicone Implant
- [ ] Pacemaker
- [ ] Fever (may go higher)
- [ ] Pregnancy

High Frequency Wand/Vita Ray Contraindications

Please select all that apply

- [ ] Known clot or other venous stasis

Contraindications to "42" cocktail? (1pt Wormwood:1 pt aloe)

Please select all that apply

☐ Senstivity to Aloe or other cactus products, including Wormwood?

Patient Understands Healing Reactions, Law of Sevens, and the Model of Healing requiring a natural discharge to faciliate restoration of normal health?

Urine Specific Gravity Changes: It will drop down to nearly 0 (very dilute) and this was how you know the are going to a healing reaction within the next day! The more concentrated the urine, the higher the urine specific gravity

Heart Tone changes: You hear echo, bounding, no fever, no symptoms, patient feels great and then bam. Don't plan to go anywhere tomorrow.

Healing Reactions: Mounts a chronic condition to an acute state with a discharge such as runny nose, diarrhea, fever, etc.

☐ **I hereby agree to the document above.**

Fasting and Fever

Patient understands the importance of fasting during any fever until temperature has normalized for at least 6 hours.

Fast until dizzy, ketoacidotic (sweet alchol smell on breath), or truly hungry.

If heart beat unstalbe, use carrot/celery broth.

Fast for fever and acute pain (migraine, etc.). Can add 42 cocktail.

Break fast with BROTH to replenish electrolytes beofre eating any protein or carbs.

Broth Recipe: 1/2 cup carrot, 1/2 cup celery. Boil in 2 cups water until broth is a rich color. Sip 1/2 cup both every hour. If fever/pain is

☐ **I hereby agree to the document above.**

For those who have Medicare Only: Non Covered Services Waiver for Medicare Patients

Medicare Statement of financial responsibility. Medicare Patients must understand that these services are not covered. You are choosing not to see a medicaid provider and understand all services are cash based and not submittable to medicaid because thse are not covered services. I have been fully informed of appropriate medical treatment, including other services that may be paid by Medicare. I agree to pay the provider directly for their specific services.

Signature

(This will require your client's signature)

Is there anything else you wish me to know or to consider?

Superbill- Please remind us if you need a superbill at each visit. Thank you!

Billing Information

Credit Card Number:
Expiration Date:
Security Code:
Billing Zip Code:

You may call our office @ (509)537-3660 and leave a secure voicemail message or speak to a staff member so that we may securely input your card information.