



American University of Indigenous Medicine
DBA Infinitely Healing Indigenous Priory
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COLON HYDROTHERAPY/COLONIC Informed Consent

I, _____, have decided to undergo a Colon Hydrotherapy/Colonic procedure. A Colonic is intended to clean the colon by removing build up in the large intestine. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure. I understand that either the colon hydrotherapy technician or I will insert a tube into my colon, and agree that I will witness the technician using sterile and new instruments. Following the procedure I will witness the proper disposal of the nozzle that was used. The possible side effects of Colon Hydrotherapy include but are not limited to: 1. Perforation of colon, the risk of which increases with age and I agree that I am not over the age of 65. ____ Initial 2. Allergic reaction to nozzle ____ Initial 3. Electrolyte imbalance. In order to lessen the risk of this complication I agree to use the probiotic supplement the facility/technician has provided ____ Initial 4. Infection from contaminated equipment ____ Initial I understand that Colon hydrotherapy should be avoided by people suffering from diverticulitis, Crohn's disease, ulcerative colitis and severe tumors or hemorrhoids in the rectum. It should also be avoided soon after a bowel surgery. People suffering from kidney or heart problems should also avoid regular colon hydrotherapy. People suffering from bowel, anal or rectal pathologies should avoid colon hydrotherapy because the pathology may contribute to the risk of bowel perforation. ____ Initial I understand that certain medical treatments may have adverse effects on persons of a young age and agree that I am not under the age of 18. ____ Initial I confirm that I am not a woman who is pregnant, nursing or trying to become pregnant as this would make me an unsuitable candidate for this procedure. ____ Initial This list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any medication or procedure. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this colon hydrotherapy treatment and release the doctor, the person performing the colonic and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature _____ Date: ____ ____ ____