

Medical Release Form

Dear Doctor,

Your patient has contacted me requesting colon hydrotherapy. This is a simple, gentle procedure using warm, purified water infused into the rectum via disposable tubing. Our instrument is FDA cleared and we use hospital-grade disposable tubing and disinfectant.

In order to provide this service, it is necessary for him/her to have a complete physical to rule out any contraindications. Please screen this person for colon hydrotherapy based on the list of contraindications below. We usually suggest a series of three sessions as a beginning protocol. I will gladly collaborate with you about further sessions based on outcome.

The following is a list of contraindications for colon hydrotherapy:

- Anemia: Severe
- Aneurysm
- Carcinoma (colorectal)
- Cardiac Disease: Severe
(e.g. Uncontrolled hypertension or high blood pressure)
- Crohn's Disease (active)
- Congestive Heart Failure
(e.g. Organic Valve Disease)
- Diverticulitis: Severe or Acute
- Epilepsy/Seizures
- Fissures/Fistulas
- GI Hemorrhage/Perforation
- Hemorrhoids
(when excessive bleeding is present)
- Hernia: Incarcerated Abdominal
- Prostatitis
- Surgery: Recent Abdominal
(6 months or earlier post-surgery)
- Ulcerative Colitis: Severe

Please provide name and telephone number of emergency contact:

Name: _____ **Phone:** _____

PLEASE Email or MAIL COMPLETED FORM TO THE ADDRESS BELOW:

Thank you,

Beth Seemann

CT-00091 GPACT Membership Number

48 Public Square

Mt. Vernon, OH 43050

Email: Beth@gentlewaters.org

If you require any additional information, please feel free to call me at (740) 392-3377.

I certify that _____ does not have any of the above contraindications or if contraindications do exist, I deem it safe for the above named patient to receive colon hydrotherapy services.

Signed: _____ License #: _____

Print Name: _____ Date: _____