

Medical Release Form

Dear Doctor,

Your patient has contacted me about receiving colon hydrotherapy services. This is a simple, gentle procedure using warm, purified water infused into the rectum via disposable tubing to gently cleanse the colon. Our instrument is FDA cleared and we use hospital-grade disposable tubing and disinfectant. I have been certified to practice colon hydrotherapy since 2009.

In order to provide this service, it is necessary to rule out any contraindications. Please screen this person for colon hydrotherapy based on the list of contraindications below. If contraindications exist with your patient, please indicate by circling the appropriate item below. To proceed with providing the service, it is necessary for me to have this signed release on file.

The following is a list of contraindications for colon hydrotherapy:

- Anemia: Severe
- Aneurysm
- Carcinoma
- Cardiac Disease: Severe
(e.g. Uncontrolled hypertension or high blood pressure)
- Crohn's Disease
- 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)
- Tumors
- Ulcerative Colitis: Severe

Please provide name and telephone number of emergency contact:

Name: _____ **Phone:** _____

PLEASE FAX to (585) 283-7035 or MAIL COMPLETED FORM TO THE ADDRESS BELOW:

Thank you,

Annette Barber, B.S., CNHP
I-ACT, GPACK Certified Colon Hydro-therapist
Gentle Pathways
441 Penbrooke Drive, Suite 8
Penfield, NY 14526
www.gentle-pathways.com

If you require any additional information, please contact me at 585-209-9109

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: _____