



# Initial Intake Colon Hydrotherapy

Marea Celentano CT, LMT

Please **PRINT** and Answer **ALL** questions

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ How long?: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Are you under the care of a Physician? \_\_\_ DR: \_\_\_\_\_ Type: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please Check All that Apply

\_\_\_ Hemorrhoids \_\_\_ Internal \_\_\_ External      \_\_\_ Rectal Bleeding      \_\_\_ Blood in Stool  
 \_\_\_ Recent Colonoscopy      \_\_\_ Use of Laxatives      \_\_\_ Painful/Difficult BM      \_\_\_ Constipation  
 \_\_\_ Burning/Itching Anus      \_\_\_ Diarrhea      \_\_\_ Vomiting      \_\_\_ Bloating  
 \_\_\_ High Blood Pressure      \_\_\_ Infectious Disease      \_\_\_ Bladder Infection      \_\_\_ Latex Allergy  
 \_\_\_ Date of Last Menstrual Cycle      Other: \_\_\_\_\_

**CONTRAINDICATIONS:** If you are currently being treated for any of the following please check. A written doctor's release may need to be obtained if there are any concerns.

\_\_\_ Abdominal Hernia      \_\_\_ Dialysis Patient      \_\_\_ Abdominal Surgery      \_\_\_ Diverticulitis  
 \_\_\_ Fissures/Fistulas      \_\_\_ Acute Liver Failure      \_\_\_ Hemorrhaging  
 \_\_\_ Anemia      \_\_\_ Hemorrhoidectomy      \_\_\_ Aneurysm      \_\_\_ Lupus  
 \_\_\_ Intestinal Perforations      \_\_\_ Cardiac Condition  
 \_\_\_ Cancer-Type \_\_\_\_\_  
 \_\_\_ Pregnant      \_\_\_ Crohns Disease      \_\_\_ Rectal/Colon Surgery      \_\_\_ Colitis  
 \_\_\_ Renal Insufficiencies

**I have NOT been diagnosed with, and do not currently have any contraindications for colon**

hydrotherapy: Initial X\_\_\_\_\_

### **Should I see my doctor before my first colon hydrotherapy session?**

If you have a concern about your health or the appropriateness of *colon hydrotherapy* you should consult a doctor. If you are diagnosed with diverticulitis, diverticulosis, colitis, crohn's disease, severe hemorrhoids, rectal/intestinal tumors or if you are pregnant, you would be required to have a doctors prescription in order to receive colon hydrotherapy.

#### **Contraindications for colon hydrotherapy include the following:**

You should not pursue *colon hydrotherapy* services if you have any of the following conditions:

- Recent Rectal or Colon Surgery
- Cancer of the Rectum or Colon
- Congestive Heart Failure
- Uncontrolled Hypertension
- Kidney Disease (decreased kidney function)
- Fissures or Fistulas
- Abdominal Hernia
- Severe Hemorrhoids
- GI Hemorrhage/Perforation
- Aneurysm

As always, we will be more than happy to discuss the colon hydrotherapy process with your physician should he/she be unfamiliar with the procedure or have any questions. Just pass our phone number along.

#### **READ AND INITIAL -**

If during the session I experience discomfort or pain I am responsible for immediately notifying my therapist during the session. I am aware that trained therapists do not insert, diagnose, prescribe, and do not cure or treat any condition or disease. **I have read and understand my responsibilities for my colon hydrotherapy sessions: Initials X\_\_\_\_\_**



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**CANCELLATION POLICY:** I understand that if I must cancel this or any future colon hydrotherapy appointments I need to notify The Salt Room at least 24 hours in advance to avoid being charged for the **FULL COST OF THE SERVICE** and that any appointments rescheduled within the 24-hour window will incur a **\$25 rescheduling fee. Initials X**\_\_\_\_\_

I have reviewed and discussed with the LIBBE Device Trained Therapist that I do not have any contraindications or any health concerns and I wish to proceed with my colon hydrotherapy sessions. **SIGNATURE: X**\_\_\_\_\_ **DATE:**\_\_\_\_\_

*Possible Side Effects:* Increased energy, Nausea, Vomiting, Cramping, Light Headed, Excessive Gas or Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, Hemorrhoids:(which may be irritated, inflamed, or bleed).