



Informed Consent for Colon Hydrotherapy

1. I, _____ (printed name of client, hereafter referred to as "I"), fully understand that the attending therapist is not an allopathic doctor but has been trained as a certified colon hydrotherapist.
2. I fully understand the difference between the practice of allopathic medicine and colon hydrotherapy.
3. I fully understand that the services provided by the attending therapist are not allopathic.
4. I fully understand that the attending therapist will not insert anything into any orifice of my body but will provide instruction for me to obtain a colon hydrotherapy session.
5. I fully understand that the attending therapist can not diagnose or prescribe and does not offer allopathic drugs, surgery, chemical stimulants, or radiation therapy. I understand that illness is not being diagnosed, nor treated, or cured, and no representation of such is being expressed or implied.
6. I have solicited the attending therapist's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what therapies I choose for my health.
7. If I desire any services not provided by the attending therapist, which is my prerogative, I fully understand that I may seek them elsewhere.
8. I presently request colon hydrotherapy services within the scope of the attending therapist's colon hydrotherapy practice.
9. I fully understand that the service provided by the attending therapist may not be generally accepted and/or recommended by allopathic doctors or other conventional health professionals.
10. I hereby release the colon hydrotherapist to assist me with my colon hydrotherapy session.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____