

Colon Hydrotherapy

COLON HYDROTHERAPY

Status: active Form type: default Company: Acme Inc

A colonic is a procedure undertaken by a medical professional intended to cleanse the large intestine by removing built-up waste. The colon is filled with filtered water either warm or cold, which strains out waste particles. I understand that either myself or the colon hydrotherapy technician will perform colonic irrigation with a tube. I further understand that I will be present during the procedure and observe the technician using sterile instruments. The possible side effects of colon hydrotherapy include but are not limited to: - When the colon perforates, it can cause severe bleeding and is more likely to happen in older patients. - Allergic reaction to a medical device - Electrolyte imbalance. To help minimise this risk, I have agreed to use the probiotic supplement the clinic has provided. It is important to avoid colon hydrotherapy if you have: - Diverticulitis - Crohn's disease - Ulcerative colitis - Severe tumors - Hemorrhoids in the rectum. - Recent bowel surgery - Kidney or heart problems - Bowel, anal or rectal pathologies I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: • the aims/motivations for having the procedure and the desired outcome • the risks inherent in the procedure • the risks inherent in refusing the procedure • the risks specific to me • the expected benefits of the treatment • the potential disadvantages of the treatment • alternative procedures and their pros and cons - including the option of no treatment at all • any uncertainties about and the likelihood of success of the procedure • any follow-up treatment that may be required

CLINICAL PHOTOS AND VIDEOS: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify by signing this form that you have read the information in this document and completely understand it. I choose to proceed based entirely on the information provided in this informed consent document. You have been given all necessary opportunities for discussion and all your questions regarding dermaplaning have been answered. I therefore and hereby consent to the care or treatment described herein. Any discrepancies must be taken up with the practitioner within 1 month of treatment. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Do you understand the information you have been provided?

Yes No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes No

Has your consent been freely given?

Yes No

Do you have any medical conditions?

Yes No

Are you pregnant or breastfeeding?

Yes No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes No

Do you have an autoimmune disease?

Yes No

Do you have any skin conditions?

Yes No

Do you have any known allergies or have ever had anaphylaxis?

Yes No

Do you have any active infection at the intended site of injection?

Yes No

Are you taking antibiotics or other prescription medications?

Yes No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you taken a Botox treatment before? If so, did you experience any problems? Please provide full details here

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.