

# Medical Clearance Form

Dear Doctor

Your patient, \_\_\_\_\_ would like to participate in a colon hydrotherapy treatment/s. The colon hydrotherapy device is an FDA and TGA registered class 2 medical device known as the LIBBE system. The colon hydrotherapy device allows double filtered gravity fed water fed into the colon via a 2cm diameter disposable rectal tube inserted into the anus around 6cms in length for up to 45 minutes. The client is supervised by the colon hydrotherapist, but is responsible for the insertion of their rectal tube and is responsible to start and stop the water as required.

The following are contraindications to colon hydrotherapy.

Abdominal hernia	Colitis active or bleeding	Kidney dialysis
Abdominal surgery	Chohns disease (active)	Lupus
Abdominal distension	Cardiac conditions	Pregnant (due date.....)
Acute liver failure	Diverticulosos/Diverticulitis	Rectal/Colon surgery
Anal fissures & fistulas	Haemorrhoidectomy surgery	Rectal bleeding
Anemia (sever)	Hemorrhoids(severe/bleeding)	Renal insufficiencies
Aneurysm – All types	High blood pressure	Steroid medications
Cancer of the colon	Intestinal perforations	

## Patient's Consent and Authorization

I consent to and authorize (physician) \_\_\_\_\_ to release to  
(clinic) \_\_\_\_\_

health information concerning my ability to participate in colon hydrotherapy treatment listed above.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

## Physician's Recommendations

- I am not aware of the above patient to have any contraindications listed above.
- I recommend the above patient can participate in the above colon hydrotherapy treatment.
- I believe the above patient can participate in colon hydrotherapy listed above but urge caution because: \_\_\_\_\_
- I believe the above patient should not participate in colon hydrotherapy listed above.

Physicians signature \_\_\_\_\_ Date \_\_\_\_\_

Physicians name (print) \_\_\_\_\_

Address \_\_\_\_\_

Phone (work) \_\_\_\_\_