

STUDENT CONSENT FORM – IPCH Case Study

I : (your name)

- understand that I am to be provided with Colon Hydrotherapy treatment by a student who is studying with IPCH (the Institute of Professional Colon Hydrotherapy), and who, although she/he has successfully completed both the theoretical and practical modules of their training course, is insured as a student, and is therefore deemed by their tutor to be fully competent, has not yet undertaken their final examinations.
- am aware that the treatment(s) and recommendations provided are an integral part of their training and is under the guidance of their tutor.
- agree to a digital rectal examination and Colon Hydrotherapy (Colonic Irrigation) treatments.

To the best of my abilities, I have informed my therapist of any medical conditions, medication and past surgery, which could affect my treatment. I understand that Colon Hydrotherapy is part of an overall approach to diet and lifestyle and is not a medical treatment.

It is not generally advisable to undertake Colon Hydrotherapy if suffering from any of the following conditions:

- Recent Abdominal, Bowel or Rectum surgery (less than 12 weeks ago)
- Abdominal or Inguinal Hernia
- Severe/inflamed Haemorrhoids, Anal Fissure or Anal Fistula, Tight Anal Sphincter
- Bowel or Rectal Cancer
- Hirschsprung's disease (Megacolon) or Small Intestinal Obstruction (Ileus)
- Active inflammatory bowel conditions (e.g. Diverticulitis, Ulcerative Colitis or Crohn's disease)
- Liver, Heart and Kidney disease
- Spinal injury above T6 because of possible risk of Autonomic Dysreflexia
- High or Low Blood Pressure unless controlled by medications
- Sever Eating Disorder and/or Anxiety
- Pregnancy
 - I have informed my therapist of possible latex allergy
 - In case of medical emergency risks (Diabetes, Epilepsy, Angina, Allergies, Asthma etc.) I have informed my therapist on how I would like to be handled

Signature:

Date: