



## Health Questionnaire

(Private and confidential)

If you are able could you save and send before your appointment. Please contact me if you have any questions or queries.

### General Questions

Full name .....

Full postal address .....

DOB .....

Telephone numbers .....

Weight and height if known .....

Your occupation .....

Email address .....

Do you have any pets, children or allergies? .....

**Medical information /history**

Dr's name and surgery address .....

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Any medical conditions or surgery within the last 3 years. ....

Have you had any recent antibiotic treatments? If yes what was this for? .....

Have been prescribed any medication recently? If yes please state what these are? .....

What is your blood pressure? .....

What is your blood group? .....

**Do you suffer any of the following:**

Nose bleeds .....

Headaches in the morning .....

Blurred vision .....

Trouble in the ears .....

Numbness or tingling of the hands/feet. ....

## Contra-Indications Section

Please tick if you suffer, or have ever suffered from any of the following conditions:

Acne	Bad breath
Abdominal pain	Bruise easily
Alcoholism	Bronchitis
Amalgam fillings – how many	Bladder Infections
Anaemia	
Angina/chest pain	Cancer
Anxiety	Chronic Fatigue Syndrome
Amenorrhoea (absence of periods)	Constipation
Arthritis	Colitis
Are you on the pill?	C.O.P.D
Are you pregnant?	Cravings
Asthma	
Date of last period	Ear infections
Depression	Eczema
Dermatitis	Emphysema
Diabetes	Endometriosis
Diarrhoea	Enlarge Prostate
Distension/abdominal bloating	Epilepsy
Diverticulitis/Diverticulosis	
Dizziness	Fatigue
Double/blurred vision	Fainting spells
Drug Addiction	Fungal infections
Dysmenorrhoea (painful periods)	
Genital herpes	Hardening of the arteries
Genital warts	Hay fever
	Headaches/Migraines
Indigestion	Heavy menstrual flow
Irritable Bowel Syndrome	Heart burn
Joint pain/stiffness	Hepatitis
Insomnia	HIV/Aids
Irritability	Hypoglycaemia
	Hysterectomy
Kidney Infections/stones	Lack of concentration
	Lethargy
M.E	Liver trouble e.g. (fatty liver)
Memory loss	Low back pain
Mood swings	Low blood pressure
Muscle weakness	
Rapid irregular heartbeat	Over-active thyroid gland
Rectal bleeding /itching	Over-reacting
Rheumatism	Panic attacks
	PMT
Swelling of the ankles	Psoriasis
Weight loss	
Ulcerative Colitis	
Under-active thyroid gland	

**Further information:**

Have you taken recreational grass? .....

Have you been prescribed steroids? .....

Any surgical procedures in the last 3 years? .....

Have you had Glandular fever? .....

Were you born as a C section? .....

Were you breast or bottle fed? .....

What other medications do you take e.g. vitamins/ mineral supplements? .....

Have you had any rectal procedures in the past? .....

Have you had enemas or colonic – treatment before, if so when? .....

Main reason(s) for seeking help through colonic hydrotherapy?

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How long have you had the problems(s) for and how did it start?

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Bowel emptying habit (frequency, size, shape, consistency, feeling empty afterwards, colour)?

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How did you hear about us?

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**Notes:**

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**Life Style (Stress levels and management)**

Work: .....

Relationships: .....

Children: .....

Exercise/interests/sleep (amount, quality, and timing).....

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Diet (processed, sugar, timing)

Breakfast: .....

Lunch: .....

Dinner: .....

Snacks: .....

Which foods do you avoid? (allergen) .....

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Which foods do you eat every day and could not give up? (allergen) .....

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How much alcohol do you consume per week? (stress management) .....

How many cigarettes do you smoke per day? (Stress management) .....

How much water do you drink per day? .....

How many cups of coffee or tea do you drink per day? Milk? Sugar? .....

What supplements, if any, are you taking? For what reason and are they helping? .....

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## CONSENT FORM

I: .....

Agree to a digital examination and colonic irrigation treatments.

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

The medical conditions which are contraindicated with colonic irrigation are:

- Recent surgery to the rectum or abdomen (less than 8 weeks)
- Abdominal hernia
- Severe haemorrhoids
- Fissures
- Fistulas
- Bowel perforation
- Cancer of the rectum or bowel
- Blood pressure above 160/100
- Pregnancy
- Heart disease
- Kidney disease
- Severe anaemia
- Severe or uncontrolled diabetes
- Long term oral steroid use
- I have informed my therapist of possible latex allergy

Signature:

Date: