

QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

Name : D.O.B :

Address :

.....

Email :

Tel. :

MEDICAL HISTORY

Doctor's name :

Surgery's address:

Medical conditions and/or past surgery ? :

.....

What medication, if any, are you on ?

.....

What is your blood pressure reading ?

If you do not know your BP reading please tick where appropriate
(symptoms that can relate to elevated BP and will require a BP reading prior to your treatment)

| Nose bleeds : | Blurred vision : || Throbbing in ears :

| Head aches, typically in the morning : || Numbness or tingling in hands / feet :

POSSIBLE CONTRA-INDICATIONS TO COLONIC HYDROTHERAPY

Do you suffer from any of the following (tick where appropriate)

| Cancer : Epilepsy | Haemorrhoids : | Anal fissures :

| Anal fistula : || Recent abdominal surgery : || Bowel/liver/kidney disease :

| Long term steroid use : || Gall stones : || Severe anaemia : || Diabetes :

| Heart disease : Spinal Injury above T6 : || Hernia (abdominal/inguinal) :

| Are you pregnant or trying to be : || Allergies

CONSENT FORM

I : (your Name).....

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 passed 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.

It is not generally advisable to undertake colon hydrotherapy if suffer from the following conditions:

- Recent Abdominal, Bowel or Rectum surgery (less than 12 weeks)
 - Abdominal or Inguinal Hernia
 - Severe/inflamed Haemorrhoids, Anal Fissure or Anal Fistula, Tight Anal Sphincter
 - Bowel or Rectal Cancer
 - Hirschsprung's disease (Megacolon) and Small Intestinal Obstruction (Ileus)
 - Active Inflammatory Bowel Conditions (Diverticulitis, Ulcerative Colitis and Chron'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, Allergies, etc.) I have informed my therapist on how I would like to be handled

Signature : Date :