QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

Name:	D.O.B :	•••••		
Address:				• • • • • • • • • • • • • • • • • • • •
Email:				
MEDICAL HISTORY				
Doctor's name:	,			• • • • • • • • • • • • • • • • • • • •
Surgery's address:				•••••
Medical conditions and/or past surgery?:				
What medication, if any, are you on ? (check for emergency medications and interv				
What is your blood pressure reading?				
If you do not know your BP reading please tic (symptoms that can relate to elevated BP and	ck where appropa	riate P reading prior to	your treatment	·)
Nose bleeds : Blurred v	ision:	Throbbii	ng in ears:	
Headaches, typically in the morning : \Box	Numb	ness or tingling in	hands / feet:	
POSSIBLE CONTRA-INDICATIONS TO	O COLON HYD	ROTHERAPY		
Do you suffer from any of the following (tick	where appropria	ate)?		
Cancer:	Haemorrhoids	: 🗆	Anal fissur	res:
Anal fistula : Recent abdominal su	rgery:	Bowel/liver/kidi	ney disease:	
Long term steroid use : Gallstor	nes : 🔲 📗 Se	vere anaemia : [] Diabet	tes:
Heart disease :	ove T6 : \square	Hernia (abdo	ominal/inguinal	l): 🗆
Are you pregnant or trying to be :	Allerg	ies		

CONSENT FORM

1 :	(your Name)
•	agree to a digital rectal examination and Colon Hydrotherapy 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 (Colonic Irrigation) is part of an overall approach to diet and lifestyle and is not a medical treatment.
It is no conditi	t generally advisable to undertake Colon Hydrotherapy if suffering from any of the following ons:
•	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 (Diverticulitis, Ulcerative Colitis or Crohn's Disease)
•	Liver, Heart or Kidney disease
•	Spinal injury above T6 because of possible risk of Autonomic Dysreflexia
•	High or Low Blood Pressure unless controlled by medications
•	Severe 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 of how I would like to be handled.
Signati	ure : Date :



Main reason(s) for seeking help through colonic hydrotherapy? Actively listen for the need (Health; Pain; Vanity; Fear)				
How long have you had the problem(s) for and how did it start? Be aware of recently developing symptoms with no obvious cause (change of diet, traveling, illness, medications stress). Send to the doctor if unexplained symptoms that have not been medically assessed				
Bowel emptying habit (frequency, size, shape, consistency feeling empty afterwards, colour)? Ask when their last bowel movement was prior to seeing you and plan for a toilet break if severely constipated				
How did you hear about us? Marketing feedback and if sent to another practitioner make sure to acknowledge/message the practitioner				
Reported symptoms:				

LIFE STYLE
Assess stress levels and self-care/health management



Work:
Relationships:
Children:
Exercise / Interests/Sleep (amount, quality, timing)
<u>DIET</u> Look for amount of fibre, processed foods, sugar/carbohydrates, animal protein; establish timing of food
Breakfast:
Lunch:
Dinner:
Snacks:
Which foods do you avoid because it gives you symptoms or/and is unhealthy
Which foods do you eat every day and could not easily give up? Addiction to a food indicates possible food sensitivity
How much alcohol do you consume per week? (is this part of stress management) Alcohol is a gut irritant; small amounts of quality wine with food can be helpful for digestion
How many cigarettes do you smoke per day? Nicotine is a known laxative and IBS irritant
How much water do you drink per day? Best to drink water away from food
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?
NOTES:

SYMPTOM ANALYSIS



ELIMINATION PROFILE:

Probiotics (Udo's Choice); fermented foods (Kefir, Kimchi, etc.); bulking/fibre; magnesium (citrate or oxide – Now); gluten/casein elimination; cascara-based laxatives (SHS); bile and liver support (SHS); check for low thyroid (York Test laboratory); alternative iron supplement (Liver or/and IV infusion); microbiome testing Atlas Biomed Laboratory

Less than one or two bowel movement per day or not feeling fully empty

Difficult/painful to pass; hard consistency, ball or pellet shaped

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	Difficult/painful to pass; hard consistency, ball or pellet shaped
	Hypothyroidism or Hashimoto's disease
	Pain killers/medications/iron
	Gall stones and poor liver condition
	Bouts of diarrhoea
	Bad breath
	Acne/other skin condition
	Stool test showing high methanogens
	D SENSITIVITY PROFILE: testing/elimination; probiotic; digestive enzymes; liver support; York Laboratory testing
	I.B.S. diagnosis (abdominal pain. flatulence and bloating, constipation or/and diarrhoea)
	Tenderness at McBurney's point
	Sinus congestion/excess mucous/mucous colitis
	Skin disorders (acne, eczema, psoriasis)
	Asthma
	Headaches
	Water retention
	Weight problems (low or high)
	Hives/allergies
	Fatigue
	Food sensitivity testing



HYPOCHLORHYDRIA and STOMACH PROFILE:

Acid test with lemon juice or apple cider vinegar; digestive enzyme supplement containing hydrochloric acid (Nutrigest - Nutri Advance); in case of acid burning on lemon juice check for H Pylori (BTS or GP or home test) and treat with mastic gum/propolis/neem Bloating, wind/flatulence following a meal Acidity, acid reflux, nausea when hungry or soon after eating Uncomfortably full during or after meals, even if small Sour breath Problem with swallowing reflex and/or regurgitation Sores in the corner of mouth, bumpy skin at the back of arms, hair loss (iron/B12 deficiency) or/and issues with calcium absorption Positive Helicobacter pylori (Hp) test **BILE CONGESTION PROFILE:** Bile containing digestive enzyme (Gall Plus - Nutri Advance); digestive bitters (Dig drops - SHS); Herbal liver support (SHS); liver and gall bladder flushing Burping, acid reflux Acid burning and bloating particularly after fatty foods Sour metallic or strange taste in mouth Tenderness on liver area/pain under right shoulder blade Light coloured/grey stool/gall stones SIBO PROFILE (SMALL INTESTINES): Low FODMAP diet; probiotic (Udo's Choice); herbal liver support; digestive enzyme (Similase - Nutri Advance); ICV work; anti-microbial (Allicin, berberine, etc.); chlorophyll; charcoal; zeolite/diatomaceous earth; Food Marble home devise to monitor breath/diet; Positive Lactulose test from Gastroenterologist Tenderness at ICV point Constant abdominal bloating not seemingly related to eating I.B.S. diagnosis (abdominal pain. flatulence and bloating, constipation or/and diarrhoea) Flatulence, 3-4 hours following a meal



Flatulence worse from eating fruits, vegetables and a high fibre diet

CANDIDA AND/OR PARASITE PROFILE (LARGE INTESTINE AND PELVIS):

Anti-candida support (CandiClear – Higher Nature, Allicin); <u>Parasite protocol</u>; probiotic (Udo's Choice); fermented foods (Kefir, Kimchi, etc.); digestive enzyme (Similase - Nutri Advance); vitamin D supplement (with vitamin K2 – Nutri Advance); herbal immune support (SHS); low sugar/carbohydrate diet; laboratory test from BTS); microbiome testing Atlas Biomed Laboratory

	Positive diagnosis from BTS or the GP
	Red/itchy/sore around anus; anal or nose itchiness often worse at night
	Recurrent thrush/cystitis/ fungal infection
	Coated tongue or/and mouth ulcers
	Contraceptive pill
	Recurrent antibiotics, especially for acne, bladder infections and strep infections
	Steroids, chemotherapy and/or immunosuppressant drugs
	Sugar craving
	Appendectomy
Adva	ldition to gut cleansing measures (against SIBO and Candida): vitamin D supplement (with vitamin K2 – Nutri ence); CoQ10 supplements (PPQ- Doctors Best); Omega 3 supplement (Krill oil Kiki); Pan Range herbal (SHS) ential Health Check test panel (York Laboratory); low sugar/carbohydrate diet; low omega 6 diet
	Waist measurement is the widest body circumference
	Blood triglyceride is above 150mg/dl and HDL Cholesterol is less than 40mg/dl
	Diagnosis of a Non-Alcoholic Faty Liver (NAFL) and/or elevated liver enzymes (ALT)
	Poor immunity and recurring infections (especially Herpes type)
	Depression and Anxiety
	Cardio-vascular disease, inflammation and arthritis
	Fatigue especially in the afternoon
	Diabetes and elevated haemoglobin A1c (HbA1c) in blood
	Cognitive decline



SUMMARY FOR INITIAL TREATMENT

	DATE :
REP	PORTED SYMPTOMS
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	LEVANT PROFILE (underline where appropriate)
Cons	stipation, Food Sensitivity, Hypochlorhydria, Bile Congestion, SIBO, Candida, Parasite, Leaky Gut.
REL	EVANT DETOX PROTOCOL (circle where appropriate)
Alka	line Diet, Liver Detox, Gall Bladder Flush, (Coffee) Enema, Epsom Salts Bath, Fasting, Juicing,
Kidn	ey Cleanse, Skin Brushing, Castor Oil Packs, other
REL	EVANT LABORATORY TESTING
	l testing for parasites and/or candida (BTS), H-Pylori testing (doctor/BTS/home), Food sensitivity
	ng (York Lab), SIBO testing (Gastro/Food Marble), Leaky Gut Test (BTS), Vitamin D/Iron (York
Lab)	, Thyroid test (York Lab), Cortisol (York Lab), Microbiome test (Atlas-Biomed)
TRF	CATMENT PROTOCOL
11(1)	
A)	Colonic procedure: Pressure, temperature, massages, implants, I.C.V release, acupressure points, colon reflexes, abdominal breathing, rapport
B)	Adjust lifestyle: Water, fibre, linseeds, potty training, chewing, timing, exercise, stress management, daylight, sleep, apple cider vinegar and fermented foods etc.
C)	Eliminate possible causes: Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.
D)	Nutritional supplements: Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).



	IMARY FOR TREATMENT 2 (obligatory) Date ptom evaluation and progress in relation to previous advice.					
A)	Colonic procedure: Notable and effective Pressure, temperature, massages, implants, I.C.V release, acupressure points, colon reflexes, abdominal breathing, rapport					
В)	Adjust lifestyle: Water, fibre, linseeds, potty training, chewing, timing, exercise, stress management, daylight, sleep, apple cider vinegar and fermented foods etc.					
 C)	Eliminate possible causes: Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.					
D)	Nutritional supplements: Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).					
	IMARY FOR TREATMENT 3 (optional) Date ptom evaluation and progress in relation to previous advice.					
A)	Colonic procedure: Notable and effective Pressure, temperature, massages, implants, I.C.V release, acupressure points, colon reflexes, abdominal breathing, rapport					
 3)	Adjust lifestyle: Water, fibre, linseeds, potty training, chewing, timing, exercise, stress management, daylight, sleep, apple cider vinegar and fermented foods etc.					
~``	Eliminate possible causes: Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.					
C)						



COLONIC PROGRESS CHART

DATE	DURAT.	Colour	CONSIST.	FATS	WIND	QUANTITY	DISCOMF.	UNDIG. FOOD

