

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 ?
(check for emergency medications and interventions)

.....

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 :

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

POSSIBLE CONTRA-INDICATIONS TO COLON 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 : | Gallstones : || 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 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 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 (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.

Signature : Date :