

<p><b>QUESTIONNAIRE</b></p> <p><b>PRIVATE AND CONFIDENTIAL</b></p>
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Name : ..... D.O.B : .....

Address : .....

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Email : ..... Tel.....:.....

**MEDICAL HISTORY**

Doctor's name : .....

Surgery's address: .....

Medical conditions and/or past surgery ? : .....

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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

<b>CONSENT FORM</b>
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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, Angina, Allergies, etc.)  
I have informed my therapist on how I would like to be handled

Signature : ..... Date : .....