

**QUESTIONNAIRE**  
**PRIVATE AND CONFIDENTIAL**

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 ? .....  
(check for emergency medications and interventions)

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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 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

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| <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, Asthma, etc.)  
I have informed my therapist on how I would like to be handled

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

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

*Actively listen for the need (Health; Pain; Vanity; Fear)*

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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*

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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*

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How did you hear about us?

*Marketing feedback and if sent to another practitioner make sure to acknowledge/message the practitioner*

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**NOTES:**

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**LIFE STYLE**

*Assess stress levels and self-care/health management*

Work : .....

Relationships : .....

Children : .....

Exercise / Interests/Sleep (amount, quality, timing) .....

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**DIET**

*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 .....

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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? .....

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**NOTES :** .....

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## SYMPTOM ANALYSIS

**ELIMINATION PROFILE:**

*Need for probiotics, fermented foods, bulking/fibre, magnesium, gluten/casein elimination; recommend cascara-based laxatives (SHS), bile and liver support (SHS); check for low thyroid, iron supplement, medication, pathology*

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

**FOOD SENSITIVITY PROFILE:**

*Need for food testing/elimination, probiotic, digestive enzymes, liver support; Lorisian 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 .....



**HYPOCHLORHYDRIA PROFILE:**

*Acid test with lemon juice or apple cider vinegar; need for digestive enzyme supplement containing hydrochloric acid (Nutrigest - Nutri Advance); check for H Pylori (BTS or GP) in case of acid burning on lemon juice and treat with mastic gum/propolis*

- 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 .....

**LACK OF DIGESTIVE ENZYME & BILE CONGESTION PROFILE:**

*Need for bile containing digestive enzyme (Gall Plus - Nutri Advance), digestive bitters (Dig drops - SHS); Recommend 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:**

*Recommend low FODMAP diet, specific probiotic, liver and digestive enzyme support, ICV work, chlorophyll, zeolite/diatomaceous earth, lactulose breath test (Biolab)*

- Bloating below the navel 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 .....



**DISBIOSIS CANDIDA PROFILE AND PARASITE:**

*Recommend [Parasite protocol](#), probiotic, fermented foods, fibres, pancreatic enzyme supplement, vitamin D and immune support, digestive and anti-candida support (CandiClear – Higher Nature), laboratory test from BTS*

- Positive visual diagnosis or from their doctor .....
- Bloating/ flatulence all the time .....
- Red/itchy/sore around anus; anal or nose itchiness often worse at night .....
- Coated tongue .....
- Contraceptive pill .....
- Steroids, chemotherapy and immunosuppressant drugs .....
- Recurrent antibiotics, especially for acne, bladder infections and strep infections .....
- Recurrent thrush/cystitis/ fungal infection .....
- Sugar craving .....
- Fatigue, aching limbs or joints .....
- Appendectomy .....
- Contact with pets or farm animals .....

**LEAKY GUT PROFILE**

*Recommend bone broth; recommend essential fatty acids (EFA), vitamin D and immune support, digestive support, slippery elm, chlorophyll, laboratory test from BTS/GDX (as part of a general stool profile); elimination/mono-diets and carnivore diet*

- I.B.S and digestive discomfort .....
- Headaches like a hang-over with feeling confused and brain fog .....
- Hormonal imbalances (PMT, PCO, breast cancer, fibroid, etc.) .....
- Poor immunity and auto-immune conditions .....
- Depression and Anxiety .....
- Inflammation and autoimmune disorders .....
- Tired all the time and in pain .....
- Diabetes and mental health issues .....
- Gastro-infection(s) (i.e. food poisoning) leading to onset of symptoms .....

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| <b>SUMMARY FOR INITIAL TREATMENT</b> |
|--------------------------------------|

DATE : .....

**REPORTED SYMPTOMS**

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**RELEVANT PROFILE** *(circle where appropriate)*

Constipation, Food Sensitivity, Hypochlorhydria, Low Digestive Enzyme, Bile Congestion, SIBO, Disbiosis/Candida/Parasite, Leaky Gut.

**RELEVANT DETOX PROTOCOL** *(circle where appropriate)*

Alkaline Diet, Liver Detox, Gall Bladder Flush, (Coffee) Enema, Epsom Salts Bath, Fasting, Juicing, Kidney Cleanse, Skin Brushing, Castor Oil Packs

**RELEVANT LABORATORY TESTING** .....

Stool testing including parasites and candida (BTS), H-Pylori testing (doctor/BTS), Food sensitivity testing (Lorisan), SIBO testing (Biolab), Leaky Gut Test (BTS), Vitamin D/Iron (Dr)

**TREATMENT PROTOCOL**

A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release, Notable and effective acupressure points, colon reflexes, abdominal breathing, rapport

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 B) **Adjust lifestyle:** Water, fibre, linseeds, potty training, chewing, timing, exercise, stress management, daylight, sleep, apple cider vinegar and fermented foods etc.

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 C) **Eliminate possible causes:** Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.

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 D) **Nutritional supplements:** Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).



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| <b>SUMMARY FOR TREATMENT 2 (obligatory)</b> | <b>Date</b> |
|---|-------------|

**Symptom evaluation and progress in relation to previous advice.**

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A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release,  
*Notable and effective* acupressure points, colon reflexes, abdominal breathing, rapport

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B) **Adjust lifestyle:** Water, fibre, linseeds, potty training, chewing, timing, exercise, stress management, daylight, sleep, apple cider vinegar and fermented foods etc.

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C) **Eliminate possible causes:** Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.

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D) **Nutritional supplements:** Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).

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| <b>SUMMARY FOR TREATMENT 3 (optional)</b> | <b>Date</b> |
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**Symptom evaluation and progress in relation to previous advice.**

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A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release,  
*Notable and effective* acupressure points, colon reflexes, abdominal breathing, rapport

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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.

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D) **Nutritional supplements:** Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).

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**COLONIC PROGRESS CHART**

| DATE | DURAT. | COLOUR | CONSIST. | FATS | WIND | QUANTITY | DISCOMF. | UNDIG. FOOD |
|------|--------|--------|----------|------|------|----------|----------|-------------|
|      |        |        |          |      |      |          |          |             |
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