

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 ? :

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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

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 with the following conditions:

- Recent Abdominal, Bowel or Rectum surgery (less than 12 weeks)
- Abdominal or Sever 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 Very 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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Reported symptoms:

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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

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 and STOMACH 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, HCL acid containing enzymes, ACV, liver support, ICV work, chlorophyll, zeolite/diatomaceous earth, lactulose breath test (Biolab)

- Tenderness at ICV point
- 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 PROFILE FROM CANDIDA AND PARASITE:

Recommend [Parasite protocol](#), probiotic, fermented foods, fibres, pancreatic enzyme supplement, ACV, 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

SYNDROME X PROFILE

Recommend stress management, intermittent (16hours or more) fasting, no sugar, no processed foods, low carb and low grain diet, high fibre, high fat foods that are low in omega 6, reduce fructose and lactose, berberine supplement, Saccharomyces boulardii probiotic, support thyroid and adrenal function

- Waist measurement is the widest body circumference
- Blood pressure is above 130/85
- Blood tri-glyceride is above 150mg/dl
- HDL Cholesterol is less than 40mg/dl (men) 50mg/dl (women)
- Stress related symptoms affecting sleep
- Addiction, alcoholism and stimulant dependency
- High sugar, process and carb diet
- Non-Alcoholic Fatty Liver (NAFL)
- Insulin resistance (fasting blood sugar above 100mg/dl)



SUMMARY FOR INITIAL TREATMENT

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, Syndrome X

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 (Lorisian), SIBO testing (Biolab/functional gut clinic), Leaky Gut Test (BTS), Vitamin D, Iron, blood cholesterol/triglycerides, fasting blood sugar, liver function tests

TREATMENT PROTOCOL

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

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).

SUMMARY FOR TREATMENT 2 (obligatory)	Date
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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.

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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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SUMMARY FOR TREATMENT 3 (optional)	Date
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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.

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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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COLONIC PROGRESS CHART

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