

QUESTIONNAIRE
PRIVATE AND CONFIDENTIAL

Name: D.O.B:

Address :

.....

Email: Tel:

MEDICAL HISTORY

Doctor's name:

Surgery's address:

Medical conditions and/or past surgeries?

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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 COLON HYDROTHERAPY

Do you suffer from any of the following (tick where appropriate)

| Cancer: || Haemorrhoids: | Anal fissures:

| Anal fistula: || Recent abdominal surgery: | Bowel/liver/kidney disease:

| Allergies: || Hernia (abdominal/inguinal): | Are you pregnant or trying to be:

| Heart disease: || Epilepsy | Spinal Injury above T6:

| Steroid use: || Gall stones: | Diabetes: | Severe anaemia:

CONSENT FORM

I : (your Name).....

agree to a digital rectal examination and Colon Hydrotherapy (colonic irrigation) 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 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 any of the following conditions:

- Recent Abdominal, Bowel or Rectal surgery (less than 26 weeks ago)
- Abdominal or Severe Inguinal Hernia (can't be pushed back)
- 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)
- Severe Liver, Heart or Kidney Disease
- Spinal injury above T6 (possible risk of Autonomic Dysreflexia)
- High or Very 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 :

Main reason(s) for seeking help through Colon 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/they start?

Be aware of recently developing symptoms with no obvious cause (change of diet, travelling, 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 from another practitioner make sure to acknowledge/message the practitioner

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Reported symptoms:

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LIFESTYLE

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 they give you symptoms or/and are 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:

Flax seeds and other bulking supplements, castor oil packs, potty training with raised feet, higher fibre diet, probiotic supplement; fermented foods (Kefir, Kimchi etc.); magnesium (citrate or oxide); gluten/casein elimination; cascara-based laxatives; herbal bile and liver support.

- Less than one or two bowel movements per day or not feeling fully empty
- Difficult/painful to pass; hard consistency, ball or pellet shaped
- Hypothyroidism or Hashimoto's disease
- Painkillers/medications/iron
- Methane SIBO
- Bouts of diarrhoea
- Bad breath
- Acne / other skin condition
- Gall Stones, liver pain and/or pale stools

FOOD SENSITIVITY PROFILE:

Food testing and elimination diet; Coeliac testing; low histamine diet; probiotic; digestive enzymes; liver support. ICV manual adjustment.

- I.B.S. diagnosis (abdominal pain, flatulence and bloating, constipation or/and diarrhoea)
- Tenderness at McBurney's point
- Sinus congestion/excess mucus/mucous colitis
- Skin disorders (acne, eczema, psoriasis)
- Asthma
- Headaches
- Water retention
- Weight problems (too low or too high)
- Hives/allergies
- Fatigue
- Low immunity

HYPOCHLORHYDRIA PROFILE (STOMACH):

*Acid test with lemon juice or apple cider vinegar; digestive enzyme supplement containing hydrochloric acid.
In case of positive acid test, check for H Pylori 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 (LIVER & GALLBLADDER):

Bile containing digestive; digestive bitters; herbal liver support; [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/gallstones

SIBO PROFILE (SMALL INTESTINES):

Low FODMAP diet; herbal liver support; digestive enzyme and digestive bitters; ICV adjustment; anti-microbial (Allicin, berberine etc.); chlorophyll; charcoal; zeolite/diatomaceous earth.

- Digestive symptoms onset following gastroenteritis/infection
- Positive Lactulose (SIBO) 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 worse 3-4 hours following a meal
- Flatulence worse from dairy, fruits, vegetables and a high fibre foods
- Gastroparesis and/or hypermobility

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

Anti-candida support (garlic, oregano oil, neem etc.); [Parasite protocol](#); probiotic; fermented foods (Kefir, Kimchi etc.); digestive enzyme; vitamin D supplement (with vitamin K2); herbal immune support; low sugar/carb diet. Laboratory stool testing to diagnose and monitor.

- Positive diagnosis and symptoms
- 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
- Red/itchy/sore around anus; anal or nose itchiness often worse at night
- Contact with pet and foreign travel

LEAKY GUT PROFILE (GI TRACT INTEGRITY/IMMUNITY/NEUROLOGY)

In addition to gut cleansing measures (against SIBO and Candida): bone broth; vitamin D supplement (with vitamin K2); herbal immune support; digestive enzymes; slippery elm, chlorophyll; low sugar/carb diet; elimination/mono-diet and carnivore diet. Laboratory test for zonulin.

- I.B.S and severe 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



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METABOLIC SYNDROME (MITOCHONDRIA FUNCTION AND SYNDROME X)

In addition to gut cleansing measures (against SIBO and Candida): low GI diet; vitamin D supplement (with vitamin K2); CoQ10; Omega 3 supplement (krill or fish); Pan Range herbal (SHS). Laboratory testing for monitoring of cholesterol, blood lipids and haemoglobin A1c (HbA1c).

- 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 Fatty 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
- Cognitive decline
- Arthritis and other signs of chronic pain & inflammation

SUMMARY FOR INITIAL TREATMENT

DATE :

REPORTED SYMPTOMS

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RELEVANT PROFILE *(underline where appropriate)*

Constipation, Food Sensitivity, Hypochlorhydria, Bile Congestion, SIBO, 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, other.

RELEVANT LABORATORY TESTING

Microbiome, Parasites and/or Candida, H-Pylori, Food sensitivity. SIBO, Zonulin.
 Vitamin D/Iron, Thyroid, Cortisol, other.

TREATMENT PROTOCOL

A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release,
what was notable/effective? acupressure points, colon reflexes, abdominal breathing, rapport

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

C) **Eliminate possible causes:** Stressors, processed foods, sugar, food sensitivity, 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,
what was notable/effective? 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.

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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,
what was notable/effective? 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.

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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	DURATION	COLOUR	CONSISTENCY	FATS	WIND	QUANTITY	DISCOMFORT	UNDIGESTED. FOOD