

**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)

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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 :   
| 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, 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 make plan for the need for a toilet break*

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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 management)

Work : .....

Relationships : .....

Children : .....

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

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**DIET** (Fibre, processed foods, excess sugar/carbohydrates, excess animal protein, timing)

Breakfast : .....

Lunch : .....

Dinner : .....

Snacks : .....

Which foods do you avoid?  
(known to cause symptoms or/and unhealthy) .....

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Which foods do you eat every day and could not easily give up?  
(possible food sensitivity) .....

How much alcohol do you consume per week ? (stress management) .....

How many cigarettes do you smoke per day ? (stress management) .....

How much water do you drink per day? .....

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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<b>SYMPTOM ANALYSIS</b>
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**ELIMINATION PROFILE:** probiotics, fermented foods, bulking/fibre, magnesium, gluten/casein sensitivity, cascara based laxatives, bile and liver support, low thyroid, iron supplement, medication, pathology

- Less than one or two bowel movement per day .....
- Difficult/painful to pass .....
- Hard consistency, ball or pellet shaped .....
- Pain killers/medications .....
- Not feeling fully empty .....
- Bouts of diarrhoea .....
- Bad breath .....
- Acne/other skin condition .....
- Headaches .....

**FOOD SENSITIVITY PROFILE:** food testing and elimination, probiotic, digestive enzymes, liver support

- Bloating/flatulence/digestive discomfort .....
- Constipation/ Diarrhoea .....
- 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, digestive enzyme supplement containing hydrochloric acid (Nutrigest), H Pylori check (BTS or doctor), mastic gum

- 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:** bile containing digestive enzyme (Gall Plus or/and Nutrigest), digestive bitters, liver support, gall bladder flushing

- Burping, acid reflux .....
- Acid burning 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:** 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 AND CANDIDA PROFILE:** probiotic, fermented foods, fibres, pancreatic enzyme supplement, immune, digestive and anti-candida support, laboratory test from BTS

- Bloating/ flatulence all the time .....
- Coated tongue .....
- Red/itchy/sore around anus .....



- Recurrent antibiotics, especially for acne (In the past and in the last three years) .....
- Contraceptive pill .....
- Steroids, chemo-therapy and immunosuppressant drugs .....
- Recurrent thrush/cystitis/ fungal infection .....
- Sugar craving .....
- Fatigue ,aching limbs or joints .....
- Appendectomy .....

**LEAKY GUT PROFILE** bone broth, check for food sensitivities, essential fatty acids (EFA), vitamin D and immune support, digestive support, slippery elm, chlorophyll, laboratory test from BTS (as part of a general stool profile), treat parasites and/or candida as required

- 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 .....
- Depression and Anxiety .....
- Inflammation and autoimmune disorders .....
- Tired all the time .....
- Diabetes .....

**PARASITE PROFILE** Diagnostic testing (BTS) and parasite protocol with follow up testing, apple cider vinegar and hydrochloric acid supplements

- Positive diagnosis from seeing them or from the doctor .....
- Gastro-infection(s) (i.e. food poisoning) leading to onset of symptoms .....
- Contact with pets or farm animals .....
- Anal/nose/skin itchiness worse at night .....

<b>SUMMARY FOR INITIAL TREATMENT</b>
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DATE : .....

**REPORTED SYMPTOMS**

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**RELEVANT PROFILE** (circle where appropriate)

Constipation, Food Sensitivity, Hypochlorhydria, Low Digestive Enzyme And Bile Congestion, SIBO, Disbiosis And 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), HPylori testing (doctor/BTS), Food sensitivity testing (Lorisian), SIBO testing (Biolab), Leaky Gut Test (BTS), Vitamin D/Iron (Dr), EFA (Greenvit)

**TREATMENT PROTOCOL**

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

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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).



<b>SUMMARY FOR TREATMENT 2</b>	<b>Date</b>
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**Symptom evaluation and progress in relation to previous advice.**

- .....
- .....
- A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release,  
(Notable and 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.
- .....
- C) **Eliminate possible causes:** Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.
- .....
- D) **Nutritional supplements:** Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).
- .....

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

- .....
- .....
- A) **Colonic procedure:** Pressure, temperature, massages, implants, I.C.V release,  
(Notable and 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.
- .....
- C) **Eliminate possible causes:** Stressors, processed foods, sugar, allergies, toxicity, SIBO, etc.
- .....
- D) **Nutritional supplements:** Enzymes, probiotic, functional foods, herbs, etc. (quantity/timing).
- .....

**COLONIC PROGRESS CHART**

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