

<p style="text-align: center;"><b>QUESTIONNAIRE</b></p> <p style="text-align: center;"><b>PRIVATE AND CONFIDENTIAL</b></p>
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Name: ..... D.O.B: .....

Address : .....

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

**MEDICAL HISTORY**

Doctor's name: .....

Surgery's address: .....

Medical conditions and/or past surgeries? .....

What medication, if any, are you on?  
(check for emergency medications and interventions) .....

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 FOR MINOR AND THEIR GUARDIAN

I : (your Name).....

- agree to a digital rectal examination and Colon Hydrotherapy 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 (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 suffering from any of the following conditions:

- Recent Abdominal, Bowel or Rectum surgery (less than 12 weeks ago)
- Abdominal or Inguinal Hernia
- 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)
- Liver, Heart or Kidney disease
- Spinal injury above T6 because of possible risk of Autonomic Dysreflexia
- High or 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 : .....

***“I have been warned that, according to the law, I should consult a medical practitioner about the health of my child”***

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