

**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 ? .....

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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)

| 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 :                       || Hernia (abdominal/inguinal) :

| Are you pregnant or trying to be :                       || Epilepsy

<b>CONSENT FORM</b>
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I : .....

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 you have any of the following conditions:

- Recent Abdominal, Bowel or Rectum surgery (less than 12 weeks)
- Abdominal or Inguinal Hernia
- Severe/inflamed Haemorrhoids or Anal Fissure
- Anal Fistula
- Bowel or Rectal Cancer
- Hirschsprung's disease (Megacolon) and Small Intestinal Obstruction (Ileus)
- Liver, Heart and Kidney disease
- Active Inflammatory Bowel Conditions (Diverticulitis, Ulcerative Colitis and Chron's Disease)
- Spinal injury above T6 because of possible risk of Autonomic Dysreflexia
- Pregnancy

➤ I have informed my therapist of possible latex allergy

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? .....

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**NOTES:**

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**LIFE STYLE** (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? (allergen) .....  
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Which foods do you eat every day and could not give up? (allergen) .....  
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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>PROTOCOL 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 .....
- Not feeling fully empty .....
- Bouts of diarrhoea .....
- Bad breath .....
- Acne/other skin condition .....
- Headaches .....

**FOOD SENSITIVITY PROFILE:** food testing and elimination, FODMAP, probiotic, digestive enzymes, bone broth

- Bloating/flatulence/digestive discomfort .....
- Constipation/ Diarrhoea .....
- I.B.S/mucous colitis .....
- Tenderness at McBurney's point .....
- Sinus congestion/excess mucous .....
- Acne .....
- Eczema/psoriasis .....
- Headaches .....
- Period pains/pmt .....
- Water retention .....
- Weight problems (low or high) .....
- Hives/allergies .....
- Asthma .....

**HYPOCHLORHYDRIA PROFILE:** digestive enzyme supplement containing hydrochloric acid, apple cider vinegar, H Pylori check (BTS or doctor)

- Bloating, wind/flatulence following a meal .....
- Acidity, nausea before or after eating .....
- Uncomfortably full during or after meals, even if small .....
- Bad breath .....
- Problem with swallowing reflex .....
- Sores in the corner of mouth, bumpy skin at the back of arms, hair loss (iron/B12 deficiency) .....

**LIVER & BILE CONGESTION PROFILE:** bile containing digestive enzyme, 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 .....

**LOW PANCREATIC ENZYMES PROFILE:** probiotic, pancreatic enzyme supplement

- Bloating below the navel not related to eating .....
- Flatulence, 3-4 hours following a meal .....
- Bloating worse from eating carbohydrates and sugar .....

**DISBIOSIS AND CANDIDA PROFILE:** probiotic, fermented foods, FODMAP, pancreatic enzyme supplement, immune, digestive and anti-candida support, positive diagnosis from BTS

- Bloating/ flatulence all the time .....
- Flatulence worse from eating vegetables and a high fibre diet .....
- I.B.S/mucous colitis .....
- 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 .....
- Hormones (PMT, PCO, breast cancer, fibroid, etc.) .....
- Headaches like a hang-over with feeling confused, brain fog .....
- Symptom made worse in damp places and from eating sugar and carbohydrates .....
- Appendectomy .....

**PARASITE PROFILE** Diagnostic testing (BTS) and parasite protocol with follow up testing

- Positive diagnosis .....
- 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 .....

**BLOOD SUGAR BALANCE PROFILE** Diet, protein supplement, fibre, food timing

- Regularly skipping meals and going without food for more than four hours .....
- Frequently irritable, shaky, confused, irrational, tearful, cold, yawning, tired, sleepy .....
- Sweets/chocolate or salt cravings .....
- Headaches especially in the afternoon .....
- Insomnia in the middle of the night .....
- Tired after eating or drinking alcohol .....
- Metabolic Syndrome (2 or more of those symptoms borderline fasting blood sugar, excessive intra-abdominal fat, elevated triglycerides, elevated BP) .....

**SUMMARY FOR INITIAL TREATMENT**

NAME : .....

DATE : .....

**ALL REPORTED SYMPTOMS**

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**RELEVANT PROFILE**

(Constipation, food sensitivity, hypochlorhydria, bile congestion, pancreatic insufficiency, disbiosis and candida, parasite, blood sugar).

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**RELEVANT DETOX PROTOCOL**

Laboratory (stool) testing, liver detox, gall bladder flush, coffee enema, Epsom salts bath, fasting, juicing, kidney cleanse

**TREATMENT PROTOCOL**

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

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B) **Adjust lifestyle:** Water, fibre, linseeds, potty training, chewing, timing, exercise, skin brushing, Epsom salt bath, stress management, castor oil pack, daylight, sleep, etc.

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

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

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<b>SUMMARY</b>
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NAME : .....

DATE : .....

TREATMENT : N° : 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

**SYMPTOM EVALUATION AND PROGRESS IN RELATION TO PREVIOUS ADVICE.**

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**TREATMENT FOLLOW UP PROTOCOL**

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

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**B) Adjust lifestyle** (Water, fibre, linseeds, potty training, chewing, timing, etc.).

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**C) Eliminate possible causes** (Processed foods, sugar, etc.)

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**D) Nutritional supplements** (Enzymes, probiotic, nutrients, herbs, etc. with quantity/timing)

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**COLONIC PROGRESS CHART**

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