**Confidential Health Questionnaire**

All information you give either in person or on these forms will remain confidential.

Name:

Address:

City:

Postcode:

Home phone:

Mobile:

Email address:

Date of birth:

Age:

Male or Female:

Occupation:

Referred by:

Have you ever had a Colon Hydrotherapy treatment before?

If so, when was your last treatment?

Do you currently:

Smoke (How often or when did you quit)

Drink alcohol (How much and how often)

Drink coffee, tea or other caffeinated drinks (How much/day)

Drink soft drinks (How much/day)

Exercise (What type, how often)

How much water do you drink each day?

List your main health concerns and state briefly how long each has been going:

Please use the space below to describe any smaller health issues including such things as:

Headaches, sinus issues, poor immune system, muscle/joint pain, PMT, thrush, menopausal symptoms, mood variations, blood pressure, abdominal pain, heartburn, weight gain/loss, fluid retention.

List briefly what you expect from your Colon Hydrotherapy session(s):

List all medications and/or supplements that you are currently using (please include why you are taking them):

Be sure to include non-prescription medications such as aspirin, laxatives, vitamins, minerals, homeopathic, herbs, etc.

List any previous health issues with which you have been diagnosed, but for which you are no
longer being treated. Include previous treatment administered: Please tell me about your normal patterns of eating.

Other issues (serious childhood diseases, accidents or injuries, etc.):

List any surgeries you have had with type and date:

Use the space below to write any allergies you may have :

Are you currently under medical treatment for any specific health issue? If so, list the health issue and the treatment you are undergoing:

Normal bowel habits: please tick or write yes/no

Have you or do you suffer with Piles/Fissures?

Do you suffer from bloating?

Do you find any of the following in your stool (bowel movement): Blood, mucus

Do you ever have to strain or take laxatives?

Have you ever consulted your doctor due to bowel problems?

Do you have bowel movements daily (2-3 times a day), every 2-3 days?

Do you feel empty when completing a bowel movement?

Please add any further information below:

Please tell me about your normal patterns of eating:

Do you follow any particular diet/diet restrictions?

Breakfast:

Lunch:

Dinner:

Snacks:

Fluids:

Are meals regular?

**The following is a list of contraindications for Colonic Hydrotherapy. If you have ever been diagnosed with ANY of these conditions Colon Hydrotherapy should not be administered at this time unless you have discussed it with your Doctor / Consultant and therapist:**

• Abdominal surgery (within 8 weeks )

 • Abdominal hernia

 • Anemia (severe)

 • Aneurysm

 • Cardiac disease (severe)

 • Diverticulitis

 • Uncontrolled hypertension

 • Congestive heart failure

 • Acute Crohn's disease

 • Ulcerative colitis

 • Fissures/fistulas

 • GI hemorrhage/perforation

 • Hemorrhoids ( very inflamed or severe)

 • Pregnancy (prior to 20 weeks)

 • Recent colon surgery (within past 8 weeks )

 • Renal insufficiency

 • Cirrhosis

 • History of seizures

 • Rectal or abdominal tumors

Please answer yes or no to indicate you have carefully read the list above.

I have read and understand the above indications and contraindications for colon hydrotherapy and I agree that I have never been diagnosed with any of the above mentioned contraindications. I acknowledge that it is my decision to receive colon hydrotherapy from Kerrie Christie .