

**Colonic Irrigation Questionnaire – Please complete this questionnaire and bring it with you to your appointment**

Name:	Sex:	Have you had colonics before: Y N
Surname:	Age:	What therapies do you use regularly?
Telephone No:	Weight:	
Mobile:	Email:	
Address:		

**Reasons for the treatment (tick the ones that apply to you):**

Kick-start healthy living	Irregular bowel movements	Increase energy	Skin problems
Health maintenance	Constipation	Food cravings	Allergies
Detox	IBS/Bloatedness	Mood swings	Parasites
Help with weight loss	Diarrhoea	Yeasts/ Candida	Headaches/Migraines

Have these conditions lasted:      over 1 year              2-3 years              5 years or longer

**Tick the statements that apply to your eating habits and lifestyle**

I have a balanced diet	I don't take milk	I smoke & drink	I snack on sweets/ chocolate
I drink 8 glasses of water/ day	I don't eat wheat	I chew thoroughly	I often overeat
I exercise enough	I eat salads/vegetables	I eat quickly	I have big meals after 8pm
I do not exercise enough	I eat rice, barely etc	I eat ready meals	I often eat bread, pasta etc

Please state your occupation and describe levels of stress, a typical workday eating pattern, including meals, snacks and liquid intake. If you smoke or drink alcohol please state how much. If you take recreational drugs please mention this to the practitioner.

**Please check whether you have any of the following conditions for which this treatment is contraindicated:**

Severe cardiac disease	Severe Anaemia	Active fissures/fistulae	Recent colorectal surgery	Cirrhosis or abd. hernia
Unmonitored High BP	GI haemorrhage/perf.	Pregnancy 1 <sup>st</sup> trimester	Renal insufficiency	Colorectal Carcinoma

**Please check if you have any of the following:**

Cancer	Diabetes	High Blood Pressure	Heart Disease	Hepatitis
Rheumatic Fever	Thyroid Disease	Seizures	Other	

Please add any information on operations/ surgeries in the last 5 years (continue on the reverse if needed)

Please list any Medications and Nutritional Supplements you take on a daily basis (continue on reverse if needed)

By signing this form, I accept the 'Terms and Conditions of Booking' printed on the advance & reference page.

Client Signature:

Date: