

# AMARYLIS COLONIC HYDROTHERAPY CENTRE

This information will be treated in strict confidence

NAME: DATE OF INITIAL  
CONSULTATION:

ADDRESS: TEL. HOME:  
TEL. MOBILE:  
EMAIL:  
OCCUPATION:

WEIGHT: HEIGHT: DATE OF BIRTH:

HOW DID YOU COME TO HEAR ABOUT US?

- Have you ever had any operations? If so please detail.
- Have you ever had any accidents? If so please detail.
- Are you currently on any medication? If so please state.
- How many bowel movements do you have in a day? What is the consistency and colour of them and do they float?
- What aspects of your health would you most like to improve?

- Write down all the food, including snacks and drinks, (even if it was only a taste) that you had yesterday. State whether these foods or drinks were cooked, raw, processed, tinned, fresh or frozen. If you used any sauces, relishes or condiments, please state what they were.

- CRAVINGS:

Do you crave any of the following? Please tick.

Sweet foods	Salty foods	Coffee	Tea	Nicotine
Chocolate	Alcohol	Anything Else:		

- Are there any foods or drinks that you find hard to digest?
- Do you smoke? If so how many daily?
- Have you ever smoked? If so how long?
- Do you drink alcohol?
- How many units or drinks in a week?
- Exercise:

Write down all exercise you have taken during the past week. Include walking to work, frequent running upstairs, gardening and dancing as well as the more obvious activities.

- Have you ever had or do you currently have any of the following?

Constipation	Headaches	Colon Bloating
Haemorrhoids	Intestinal Toxaemia	Lethargy
Skin problems	Eczema	Psoriasis
Candida	Colitis	Parasitic Infections
Diverticulosis	Diverticulitis	Crohn's disease
Asthma	Allergies	Auto immune disease

### **CONTRA-INDICATIONS FOR COLON THERAPY**

- Severe Cardiac disease (uncontrolled hypertension/ congestive heart failure)
- Severe Anaemia
- GI Haemorrhage/ Perforation
- Severe Haemorrhoids
- Carcinoma of Colon or Rectum
- Recent Colon or Rectal Surgery
- Cirrhosis
- Fissures/ Fistulas
- Advanced pregnancy
- Renal Insufficiency
- Aneurysm
- Abdominal hernia

I confirm that I do not have any of the above contra-indications and consent to being treated with colonic hydrotherapy/ I consent to my child being treated with colonic hydrotherapy.

Signed