

The Sheffield Colon Hydrotherapy Practice

Abbeydale Health 550 Abbeydale Road, S7 1TD Sheffield 0114 258 4499

All information provided is treated in strictest confidence. This questionnaire will help your therapist to assess your overall health and well being, please complete as much of it as possible and bring it along to your first appointment.

Name Date

Address

Postcode E-mail

Tel: Home..... Work Mobile

Date of Birth Age Height Weight

Occupation Marital Status Do you live alone

Name & address of GP

No. of Children Miscarriages Abortions

What is your reason for treatment

Please list all medications you take

Please list any current/recent medical treatments you are receiving

.....

Please list anything else you take

List any other treatments you are receiving

Please list any past operations, investigations or illnesses that have required you to visit the hospital

.....

.....

Do you have a family history of any of the following conditions, also please state how they are related to you.

Crohn's disease/ Ulcerative colitis

Heart disease/ Cardio vascular problems

Cancer or Diabetes

Please describe your typical diet by giving 2 or 3 options for each meal

Breakfast

Lunch

Evening Meal

Any snacks

Have you ever suffered from Anorexia or Bulimia

Any allergies/food sensitivities

Do you drink tea/ coffee/ cola If yes how much per day

Do you drink alcohol If yes how much per day and what

How much other fluid do you drink and what

Do you smoke If yes how many per day

Please describe any exercise you take, what and how often

How do you relax or manage stress

Please describe your sleeping pattern

Do you have low energy levels YES NO

Approximately how often do you have a bowel movement

Please circle any that are appropriate. My bowel movements are:

Spontaneous Occur after eating Effortless Explosive Require straining/painful Incomplete feeling

My stools look like: Fat sausage Skinny sausage Rabbit droppings Pebbles Loose Diarrhoea

The colour is: Light brown (caramel) Medium brown (chestnut) Dark brown (milk chocolate)

Very dark brown (plain chocolate) Other-Please describe.....

Have you noticed mucus or anything else in your stools

List anything you take to improve your bowel movements

Which best describes your urine (please circle as appropriate)

Clear Very pale Yellow Dark yellow Orange Cloudy Smelly

Women Please describe your menstrual cycle

Do you take the pill YES NO Do you have a coil fitted YES NO

Are you pregnant YES NO

Have you suffered from any of the following: (Please circle any that are appropriate)

Pelvic inflammatory disease Pre-menstrual tension Thrush or vaginal discharge

Men Have you had any of the following: (please circle any that are appropriate)

Thrush Prostate problems Vasectomy Impotence

Everyone Please circle any of the following conditions as appropriate, 'N' = now (Something you have had in the past 2 or 3 weeks or are suffering from now) 'P' = past

Digestive conditions

Fatigue after eating N / P Craving N / P Lactose intolerance N / P Indigestion N / P
Gas / bloating N / P Reflux / heartburn N / P Constipation N / P Diarrhoea N / P
Gripping / cramps N / P Black stools N / P Rectal bleeding N / P Ulcerative colitis N / P
Parasite infection N / P Spastic colon N / P IBS N / P Crohn's disease N / P Anal itching / burning N / P
Ulcers N / P Perforation N / P Fissure / fistula N / P Haemorrhoids N / P Abdominal pain N / P
Bad breath N / P Diverticulitis/Diverticulosis N / P Excessive flatulence N / P
Gall bladder disease N / P Liver problems N / P Vomiting of blood N / P Candida N / P

Other conditions

Severe cardiac disease N / P High blood pressure N / P Severe anaemia N / P Kidney problems N / P
Rectal surgery N / P Cancer N / P Diabetes N / P Asthma N / P Chronic fatigue syndrome N / P
Dizziness N / P Alcoholism N / P Drug addiction N / P Ear infections N / P Epilepsy N / P
Migraine N / P Hepatitis N / P Thyroid problems N / P Arthritis N / P Low back pain N / P
Multiple sclerosis N / P Swollen joints N / P Hay fever N / P Sinus problems N / P Acne N / P
Eczema N / P Fungal infections N / P Psoriasis N / P Bronchitis N / P Varicose veins N / P
Sexually transmitted disease N / P Cold hands and feet N / P Water retention N / P

Nervous system

Anxiety N / P Depression N / P Fatigue N / P Insomnia N / P Irritability N / P
Lack of concentration N / P Mood swings N / P Nervous breakdown N / P Overeating N / P
Panic attacks N / P Schizophrenia N / P Headaches N / P

Contraindications

If you are suffering from or have been diagnosed with any of the following complaints, you would not be a candidate for colon hydrotherapy treatments:

Abdominal hernia	Rectal bleeding
Aneurysm	Rectal fissures
Blood clots	Renal insufficiency
Cirrhosis of the liver	Severe anaemia
Congestive cardiac failure	Severe cardiac disease
Colon, kidney or liver cancer	Severe haemorrhoids
Crohn's disease	Severe prostate problems
Diverticulitis (inflamed, medicated and suffering from symptoms)	
Pregnancy	Uncontrolled high blood pressure
Recent colon or rectal surgery	

Cancellation policy

I understand that The Sheffield Colon Hydrotherapy Practice have a cancellation policy which states that 24 working hours notice of cancellation is required for any appointment. For example should I have an appointment on a Tuesday I understand I will need to cancel at the very latest on the previous Saturday. If I cancel late (within the time indicated above) I understand that I will be charged the £50.00 late cancellation/missed appointment fee or that I will lose that part of my pre-paid course of treatments.

Pre paid courses

I understand and accept that refunds for pre paid courses are not available, credits are valid for 3 years from last attendance and can be transferred to another person with a letter of permission.

Consent declaration

The information provided above is to the best of my knowledge true and accurate. I have read and agree with the above cancellation policy. The procedure for colon hydrotherapy has been explained and I hereby give my consent for a digital examination and colon hydrotherapy to be performed on myself. I have read the information provided and confirm that I do not suffer from any condition that may prevent me from receiving colon hydrotherapy. I will keep The Sheffield Colon Hydrotherapy Practice and my therapist informed of any changes in my health.

Signature

Date