

Client Consultation Form

Please complete this Consultation Form before attending your appointment.

Title:		Name:	
Date of Birth:		Address:	
Sex: Male Female			
Contact No:			
Email Address:			
Occupation:		Hours worked per week:	
GP's Name and Address:			
Are you being treated for any medical condition – if yes please give details:			
Yes No			
Please list any medication you are currently taking:			
Please list any surgical procedures you have had with dates performed:			
If you regularly take antibiotics please give details:			
Male - Do you have any prostate problems?			
Yes No			

Female - Do you have any children?:

Yes No

Female - Type of Birth:

Yes No

Female - Do you have a contraceptive pill / implant etc?:

Yes No

Female - Do you have a regular menstrual cycle?:

Yes No

Female - Date of last period?:

Female - Are your periods painful?:

Yes No

Female - Have you suffered any miscarriage in the last 2 years?:

Yes No

Female - Have you had a hysterectomy?

Yes No

How many liters of water do you drink per day?

If you smoke, how many per day?:

How many units of alcohol do you drink a week?:

How many cups of tea and coffee per day?:

Do you crave sweet things, if so please explain?:

Do you consume other types of drinks? eg fizzy drinks, juice, cordial? If so, how many glasses a day?:

Do you exercise. If so, how often?:

Have you had a colonic before?:

Yes

No

Are you seeing any other practitioners at present? Please detail:

Do you take any vitamin / mineral supplements? Please list:

Do you take any herbs or homeopathic remedies? Please list:

Are you Vegetarian?:

Yes

No

Do you have any food allergies or intolerances? If so, please give details:

Bowel Habits

How often do you open your bowels in a week?:

Do you suffer bloating?:

Yes

No

Do you suffer constipation?:

Yes

No

Do you suffer diarrhoea?:

Yes

No

If you use laxatives what do you take and how often do you take them?:

If you have been diagnosed with Irritable Bowel Syndrome? Do you suffer with Constipation, Diarrhoea or both?:

Have you been diagnosed with Diverticulitis?:

Yes

No

Have you been diagnosed with Chron's Disease?:

Yes

No

Have you been diagnosed with Colitis / Ulcerative Colitis?:

Yes

No

Please tick which type of bowel movements you have?:

Separate hard lumps, like nuts (hard to pass)

Sausage shaped but lumpy

Like a sausage but with cracks on the surface

Like a sausage or snake, smooth and soft

Soft blobs with clear-cut edges

Fluffy pieces with ragged edges, a mushy stool

Watery, no solid pieces, entirely liquid

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

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

Contraindications: do you suffer from any of the following?:

Severe Anaemia – Risk of fainting	Yes	No
Severe haemorrhoids	Yes	No
Colon, rectal, bowel cancer	Yes	No
Abdominal hernia	Yes	No
Aneurism	Yes	No
Perforation of digestive tract / gut	Yes	No
Autonomic dysreflexia (occurs in spinal injuries at or above T6)	Yes	No
Congestive heart disease	Yes	No
Fistula	Yes	No
Hirschsprung's disease	Yes	No
Hypertension (High Blood Pressure) – Severe or uncontrolled	Yes	No
Ileus (paralytic)	Yes	No
Inflamed haemorrhoids	Yes	No
Pregnancy	Yes	No

Contraindications: do you suffer from any of the following? (continued):

Rectal bleeding	Yes	No
Radiotherapy of abdominal area not discharged from medical care	Yes	No
Renal insufficiency (kidney function less than 50%)	Yes	No
Severe persistent diarrhoea	Yes	No

Gastrointestinal System & Urinary System - Please tick anything that you may suffer from?:

Chronic Heartburn	Diverticulitis	Fissures
Vomiting of blood	Diarrhoea	Family Colon Cancer
Rectal itching	Colitis	Ulcerative Colitis
Constipation	Gall Bladder Disease	Rectal bleeding
Cancer Diverticulosis	Mucous in stools	Abdominal pain
Cancer	Excessive gas	Cirrhosis
Abdominal bloating	Liver trouble	Fistulasion 24
Haemorrhoids	Indigestion	Prostate problems
Cystitis	Kidney infection 27	Kidney Stones
Vaginal discharge	Breast pain	

Declaration

I agree to undergo a possible rectal examination and subsequent colon hydrotherapy treatment and to receive enema herbs as part of my treatment if recommended by my Therapist.

Colon Hydrotherapy is a safe and effectively cleanses your large intestine –colon. Your Therapist does not diagnose disease or prescribe medications. Should any of your responses to any of the above questions contraindicate colon hydrotherapy you will be advised to seek your doctor's help. It is responsibility to provide full and complete answers so your Therapist can treat you correctly. Also, you must inform us of any changes to your health between treatments.

Name:

Date:

Signed:

General Data Protection Regulations (GDPR)

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I consent to the data I have given to be used by Debbie Dean for the purposes of documenting and communication in regards to the treatment I am undertaking.

I understand the data and information on paper copies will be stored securely and any data stored on electronic devices will be password protected.

Only information to my treatment will be held and it will be stored for no longer than necessary.

My data will not be passed to any third party without my consent.

I am happy to receive any information on promotions and/or newsletter.

I consent to being contacted by:		
Email	Yes	No
Telephone	Yes	No
SMS	Yes	No

Name:	Date:
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Signed:
