



The purpose of this questionnaire is to understand your overall health and wellbeing. The information that you provide will assist us in designing a programme to meet your needs, as well as assist us in advising you how to reach your objectives - taking into consideration your current health and lifestyle. Please answer as accurately and honestly as possible

Caution: We recommend that you do not eating within two hours prior to your session and that you avoid foods that may overload your colon for one day after your session.

Personal Details

Name: _____ Surname: _____

Address: _____
Postal Code: _____

Date of Birth: _____ Marital Status: _____

Tel No (H): _____ Cell No: _____

Tel No (W): _____

E-Mail Address: _____

Height: _____ Weight: _____

Occupation: _____

General Practitioners Details

Name: _____ Surname: _____

Address: _____
Postal Code: _____

Daytime Tel No: _____ Cell No: _____

E-Mail Address: _____

How did you hear about us? Please tick where appropriate

Friend	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>
Doctor	<input type="checkbox"/>
Other	<input type="checkbox"/>

Your Objectives

1. What is main objective for visiting us? Please describe below your objectives and needs.

Your Health

2. Are you currently under the care of your G.P. or any other Practitioner? If so, please provide the details of your treatment.

3. Please list and medication or supplements that you are taking.

Prescribed: _____

Other: _____

4. How regular are your bowel movements? Please indicate below.

_____ times a day Every 2 3 4 days _____ times per week _____ times per month

5. How would you describe your bowel movements? Please circle where appropriate.

Spontaneous and effortless Requires straining Painful Incomplete

6. Do you have diarrhoea regularly? Please circle where appropriate.

Yes / No

If Yes, how often? _____

7. Do you currently regularly use, or have used laxatives in the last 2 years? Please circle where appropriate.

Yes / No

If Yes, please provide details _____

8. Over the last ten years, has there been a change in your bowel movements?

Yes / No

If Yes, please provide details _____

9. Are you suffering or have suffered in the last 6 months of any of the following? Please circle where appropriate.

Fits or Seizures	Bladder infections	Bloating
Blood in stools	Burning / Itching Anus	Constipation
Abdominal pain	Infectious disease	Haemorrhoids
Rectal bleeding	Strain	Vomiting

10. Have you had the following procedures in the past? Please circle where appropriate.

Barium Enema Colonoscopy Sigmoidoscopy

11. When were these done and what were the results?

12. Please list any other current or past medical problems and include dates.

Contraindications for Use

The contraindications for use of the Angel of Water™ CM-1 include, but may not be limited to the following. Do you have any of these conditions? Please circle where appropriate.

- | | |
|--------------------------|-------------------------------------|
| Congestive heart failure | Intestinal perforations |
| Fissures or fistula | Severe haemorrhoids |
| Renal insufficiency | Recent colon or rectal surgery |
| Cirrhosis | First & last trimester of pregnancy |
| Carcinoma of the rectum | Abdominal surgery |
| Abdominal hernia | |

13. Have you ever suffered from Bulimia or Anorexia? Please circle where appropriate
Yes / No

14. Please provide any other information that you may think is important.

CLIENT DECLARATION

Colon Irrigation is not intended to replace the relationship with your doctor.

We may consider it appropriate to contact your G.P. and/or your healthcare/ sport professional. In every case we will contact you and inform you of the specific action before proceeding. This is to ensure that we best serve and assist you.

Do we have your consent to contact your G.P. / other practitioner? Please circle where appropriate.

I give consent to contact my G.P.	Yes / No
I give consent to contact the Practitioner that I am currently seeing.	Yes / No
I give consent to contact the Practitioner that referred me.	Yes / No

Please read the statement below and confirm acceptance to our terms and conditions by signing where indicated.

- i. The information provided above is to the best of my knowledge true and accurate.
- ii. I understand that Bodywurx Colon Care has a cancellation policy which states that 24 hours notice is required for the cancellation of an appointment or I will be charged the full amount.
- iii. In accordance with the Data Protection Act, you agree that we may hold and process personal information for the purpose of providing health and wellbeing services. We keep records of all business transactions for at least 6 years. You or anyone authorised may inspect all documents and entries relating to your dealings with us. However we treat all clients records confidential, so we reserve the right to give you copies of your records rather than allow access to files containing records of other clients. Strict confidentiality will be maintained at all times. We are entitled to charge a fee for this service. If any information we hold is incomplete or inaccurate, please inform us immediately and we will correct it.
- iv. We may from time to time contact you by post, fax e-mail or telephone with details of products and services which may be of interest to you. If you prefer not to receive this information, please indicate your preference by ticking the box here.

I understand that my consultation with a Colon Hydrotherapist is not intended as medical advice. I have not been diagnosed with any contraindications of the Angel of Water™. I am aware that Colon Hydrotherapist are NOT Doctors and therefore do not insert, diagnose or prescribe. I am aware that adverse events such as perforation, injury, and illness have been alleged with the use of enema devices. I am responsible for the insertion of my rectal tube and for the flow of water. If I experience resistance during the insertion of my rectal tube or any discomfort during my treatment, I will immediately stop my session. I am aware that this facility does not claim to cure any condition or disease.

Signed: _____
 Name (please print): _____
 Date: _____

THANK YOU for taking the time to complete this questionnaire.

Congratulate yourself on taking the first step towards rebalancing, rejuvenating and re-energising your body.

Feeling good starts from the inside out !!!