

Wendy Crampton Adv CH RICTAT RT GRCCT  
Advanced Practitioner of Colonic Hydrotherapy  
1 Malden Fields  
Bushey, Hertfordshire  
WD23 2QA  
01923 246555 / 07818 452761  
wendy@coloniccare.co.uk



**Confidential Health Questionnaire**

**Please fill out in full**

Mr Miss Mrs Surname..... Forename.....  
Address.....  
..... Post Code.....  
Mobile..... Home Phone.....  
Email.....  
Date of Birth..... Age..... Height..... Weight.....  
Marital Status..... Children..... Occupation.....  
What do you do to relax? .....  
How did you hear about Bushey Colonic Hydrotherapy? .....  
How do you feel Colonic Hydrotherapy is going to help you? .....

**Medical History**

Doctors Name / Address & Phone No.....  
.....  
Current Prescribed Medication/supplements .....

Any past operations/ Dates.....

Miscarriage.....Caesarean.....Are You Pregnant Now yes/no

Do you get recurring illnesses (colds/flu/fungal infections etc) .....

Do you have food cravings/binges? .....

Have you taken Antibiotics orally in the last year? Yes/no If yes, what for.....

Please circle your usual pattern of bowel movements.

2/3 Times a day    daily    every 2/3 days    Weekly    10 days or more

Are you taking? (Please circle)

Birth Control Pills    Laxatives    Aspirin    Anti acids    Antibiotics    HRT

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**Please circle if you suffer from**

Allergies	Arthritis	Asthma	Gall Stones	Diarrhoea
Intolerance's	Constipation	Bad Breath	Weight Loss	Dizziness
Diabetes	Cancer	Diverticulitis	Hay Fever	Fissures
Indigestion	Headaches	Fatigue	Bruise Easily	Bronchitis
Heart condition	High Blood Pressure	Thrush	Skin rash/acne	Poor Circulation
Ulcers	Haemorrhoids	Candida/Yeasts	Flatulence	Anaemia
	ME or adrenal fatigue	Mucus	Ulcerative Colitis	Eczema/itching
Rectal Bleeding	Insomnia	Hepatitis	Bloating	Long Covid

Please tick the box that describes you per day :-

	<b>5 or more per day</b>	<b>3-5 per day</b>	<b>1-3 per day</b>	<b>None / Occasional</b>
Alcohol				
Coffee/ Tea				
Water per glass				
Tobacco	10+	3-10	1-3	
Social Drugs				
Cardiovascular Exercise	4x week or more	3 x week	1-2 x week	
Appetite type	hungry	average	mild	

Have you had Colon Hydrotherapy before and if so when and Where.....  
 .....

**Client Declaration PLEASE READ CAREFULLY.**

I have informed my therapist of any medical conditions, which could affect my treatment.  
 I confirm that:

I am not currently undergoing or waiting to start any medical investigations, scans or tests.

I have not any recent surgery requiring a general anaesthetic (in the last 12 weeks), or suffer from Sever Cardiac Disease, Abdominal Hernia, Unmonitored/untreated treated High BP.

Inflammatory Bowel Disorders, Crohns, Ulcerative Colitis.

Severe Anaemia, GI haemorrhage or Perforation, Pregnancy.

Renal insufficiency, recent colorectal surgery or a carcinoma. Receiving Chemotherapy.

Reduced Kidney function.

Severe or uncontrolled Hypertension. Undiagnosed persistent diarrhoea.

Epilepsy or unbalanced type 1 diabetes. Hepatitis, Hospitalised due to Covid-19.

Please discuss with me if your taking blood thinning medication.

**If you have any concerns, please discuss them with me in advance of your appointment.**

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- I have carried out suitable research and I understand that colonic irrigation is part of an overall approach to diet (food & drink) and lifestyle (work & rest).
- I understand this is **not a medical treatment or a one stop cure all.**
- I understand I might need to adjust my diet and hydration routine in order to support and gain maximum benefit from the treatments that I have chosen to receive. I understand and acknowledge the need to follow the aftercare information that has been given and has been discussed with me.
- I declare that the information I have given is correct and complete.
- I agree to undergo a rectal examination and subsequent Colonic Hydrotherapy.
- I understand there are clinical and medical reasons why herbs/coffee may not be used, this will be discussed at the consultation.

Bushey Colonic Hydrotherapy will never send you emails or texts unless in direct relation to an appointment you have booked or upon your request.

Colonic Hydrotherapy is not in any way intended as a “cure” or “Medical” treatment. It should not be seen as an alternative to seeing your GP if you have any health concerns. Neither is it intended to infer or imply symptoms of IBS or other bowel conditions will be solved. Bushey Colonic Hydrotherapy products and services are not intended to cure, diagnose, prevent or treat any disease.

Client Signature ..... Print Name.....  
Date .....

Therapist signature .....Date.....