

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

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



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 :-

	5 or more per day	3-5 per day	1-3 per day	None / Occasional
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.

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



- 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.

Client Signature Print Name.....
Date

Therapist signature Date.....