

Lavender Rooms Colon Hydrotherapy Clinic Client History Form

All information provided is treated in the strictest confidence. The purpose of this document is to understand your overall health and well-being. If for any reason you do not wish to answer a question please leave it blank. Once completed, please bring it with you to your first appointment.

Name..... Date.....

Address.....

Tel: Home..... Mobile.....

Date of birth..... Age..... Height..... Weight.....

Occupation..... Email address.....

How did you hear about Lavender Rooms?(please specify).....

Name & address of GP.....

.....

How many children?..... Describe your current health.....

What is your reason for treatment?.....

Please list any medication you take.....

.....

List past surgical procedures & dates.....

.....

List any Supplements you take.....

.....

List any alternative treatments you are receiving.....

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

Spontaneous occur after eating Effortless Require straining/Painful Incomplete feeling

How regular are your bowel movements? Please circle the appropriate

Once daily 2/3 times daily Every 2 days Every 3/4 days 5 days or more

Fat Sausage Skinny Sausage Rabbit Droppings Pebbles Loose Diarrhoea

Do your stools mainly float or sink?..... Are your stools smelly?
YES/NO/SOMETIMES

How long have you had the above pattern of bowel
movements?.....

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Is there mucus in your stools? YES/NO Does stress affect your bowel movements? YES/NO

Have you taken antibiotics in the past? If yes how often?.....

Have you ever taken laxatives?.....

Is there a family history of intestinal problems? YES/NO If yes, what?.....

Have you had a barium enema, colonoscopy or sigmoidoscopy? YES/NO

If YES, when and what were the results?.....

Which best describes the condition of your skin? Dry/Combination/Sensitive/Oily/Dehydrated

Describe the conditions of your nails..... Describe the condition of your hair.....

Digestive conditions

Please circle any problems that you currently or have experienced. N = now & P = past condition

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	Atonic colon	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	Chrohn'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
Diverticulosis/Diverticulitis	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	Prostate problems	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	M.E.	N/P
Thyroid problems	N/P	Arthritis	N/P	Low back pain	N/P
MS	N/P	Swollen joints	N/P	Hay fever	N/P
Sinus Problems	N/P	Acne	N/P	Bruise easily	N/P
Eczema	N/P	Fungal infections	N/P	Varicose veins	N/P
Bronchitis	N/P	HIV	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

Women's issues

Absence of periods	N/P	Painful periods	N/P	Endometriosis	N/P
Heavy menstrual flow	N/P	Hysterectomy	N/P	Infertility	N/P
Miscarriage	N/P	PMS	N/P	Prolapsed womb	N/P
Vaginal thrush	N/P	HRT	N/P	Contraceptive pill	N/P

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Please give any other information that you think is relevant

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Contraindications

If you 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 |
| Chrohn's disease | Severe prostate problems |
| Diverticulitis (inflamed, medicated and suffering from symptoms) | Ulcerative colitis |
| Pregnancy | |
| Recent colon or rectal surgery | |

Disclaimer

Colon hydrotherapy is not intended to replace the relationship with your primary health care providers and the consultation is not intended as medical advice. They are intended as a sharing of knowledge and information from our education, research and experience. The information and service provided is not used to prescribe, recommend, diagnose or treat a health problem or disease. It is not a substitute for medical care. If you have or suspect you may have a health problem, you should consult your GP.

Consent declaration

The information provided above is to the best of my knowledge true and accurate. I have read and agree with the 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 above and confirm that I do not suffer from any condition that may prevent me from receiving colon hydrotherapy. I will keep my therapist informed of any changes in my health.

Please note - Cancellation Policy

I realise that sometimes cancellations cannot be avoided, however, I do ask that you give at least 24 hours notice should you need to cancel, this must be done by phone or the full treatment fee will be charged if you do not give 24 hours notice. Once you have scheduled an appointment, that time is put aside for you. I do have a waiting list and in the event that I am able to fill your cancellation, you will be exempt from paying the broken appointment charge.

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Signature.....

Date.....

Therapist signature.....