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Colonic Hydrotherapy Questionnaire

Please fill this questionnaire and bring it with you to your treatment.

Name:	Email:		
Address:	Sex: M F	Have you had colonics before? Y N	
	Age:	Which therapies do you use regularly?	
	Weight:		
Mob/Tel:	Blood Pressure:		

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

Kick-start / maintain health	Irregular bowel movements	Lack of energy	Skin problems
Detox	Constipation	Food cravings	Allergies
Help with weight loss	IBS/Bloatedness	Mood swings	Parasites
Increase energy	Diarrhoea	Yeasts/Candida	Headaches/migraines
Other: (please detail):			

Have these conditions lasted: over 1-year 2-3 years 5 years or longer

Tick the statements that apply to your eating habits and lifestyle:

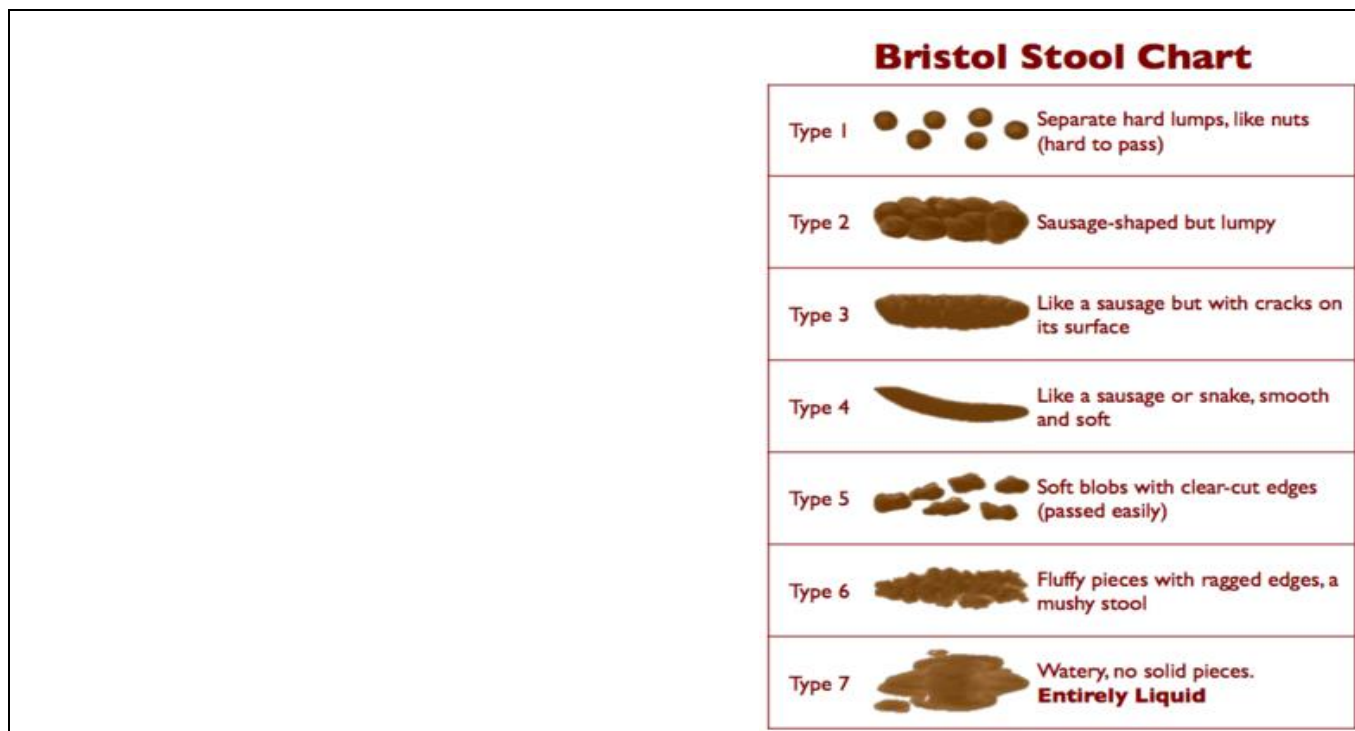
I have a balanced diet <input type="checkbox"/>	I don't take milk <input type="checkbox"/>	I smoke & drink	I snack on sweets/chocolate <input type="checkbox"/>
I drink 8 glasses of water/day <input type="checkbox"/>	I don't eat wheat <input type="checkbox"/>	I chew thoroughly	I often overeat
I exercise enough <input type="checkbox"/>	I eat salads/vegetables <input type="checkbox"/>	I eat quickly	I have big meals after 8 pm <input type="checkbox"/>
I do not exercise enough <input type="checkbox"/>	I eat rice, barley etc <input type="checkbox"/>	I eat ready meals	I often eat bread, pasta etc

Please state your occupation and describe the levels of stress, if you smoke or drink alcohol please state how much.

If you take recreational drugs please mention this to the practitioner.

Occupation:	
Levels of Stress (1 low- 10 high):	
Do you smoke? (if yes how many/day?)	
Do you drink alcohol? (if yes how many units/day or week?)	

Describe your typical bowel movements: frequency, amounts and appearance



Please check and if you have any of the following conditions for which this treatment is contraindicated:

- Severe Cardiac Disease
- Severe Anaemia
- Active fissures/fistulae
- Recent colorectal surgery
- Cirrhosis or abd. hernia
- Unmonitored High BP
- GI haemorrhage/perf
- Pregnancy 1st trimestre
- Renal insufficiency
- Colorectal carcinoma

Please check if you have had any of the following:

- Cancer
- Diabetes
- High Blood Pressure
- Heart Disease
- Hepatitis
- Rheumatic Fever
- Thyroid Disease
- Seizures
- Prolapse(s)
- Allergies

Any other conditions not listed?

Please add any information on operations/surgeries in the last 5 years:

Please list any Medications and Nutritional Supplements you take on a regular basis:

Medication:	Supplements:
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Please state how many times a day, a week or a month you eat the following foods:

Meat/Fish/Other Protein (state which type)	
Vegetables (include juice) (list examples)	
Fruit (include juice and dried) (list examples)	
Grains (List examples)	
Oils (types)	
Salt and other condiments (make a list)	
Dairy (list foods)	
Eggs	
Pulses (list types)	
Nuts and seeds (list types)	

Convenience foods, take away, eating out	
Drinks (including soft, water, coffee, tea alcohol)	

A Typical Day (detail a typical days eating)

Meal	Time	Food and Drink Consumed (give approximate portion size)
Breakfast		
Lunch		
Dinner		
Snacks		
Condiments		
Fluid: water / coffee / tea / Juice / alcohol		
Food Likes and Dislikes:		

Colonic Irrigation Treatment Consent

I confirm that I have provided, to the best of my knowledge & ability, the relevant information about my health & lifestyle. I agree to receive colon hydrotherapy from _____ and to inform my therapist of any relevant changes in my health and lifestyle. I have understood the treatment that I am consenting to and confirm that I have no reason to consult with my GP before undergoing the treatment.

Signature: _____ Date: _____

Please tick the box you would like to subscribe to our free monthly newsletter, for health and dietary tips and updates on special offers

By signing this form I accept the 'Terms and Conditions of Booking' below.

Signature _____ Date _____

Terms and Conditions of Booking

By making your appointment with us, you agree to observe our terms of booking below:
You can pay for your treatments by cash, credit or debit cards. There is no surcharge for credit card payments.

Cancellations and rescheduling

Please remember your appointment and arrive 10-15 minutes prior to your appointment time.

Unfortunately, late arrivals may not receive extension of scheduled treatment, so as not to inconvenience other clients.

In the interests of all, we request at least one full working days' notice of cancellation. Should you fail to cancel within these guidelines a 50% charge applies.

All no shows and same day cancellations will also be charged 50% of the booked service.

Courses of treatments are non refundable and non transferable.

Prices are subject to change without notice.