



The Body Works Clinic

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Loughborough,

Leicestershire

LE12 9AF

www.bodyworksclinic.co.uk

HEALTH QUESTIONNAIRE

In strictest confidence

Name _____

Address _____

Telephone Numbers _____

Date of Birth _____

Surgical procedures in the last two years _____

Medication you are taking at present _____

Do you suffer from or have suffered from:

Cancer of the Colon or Rectum

Abdominal or Inguinal Hernia

Recent Colon or Rectal surgery

G I Haemorrhage / Perforation

High Blood Pressure

Heart Problems

Severe Haemorrhoids

Cirrhosis of the Liver

Fissures/Fistulas

Severe Anaemia

Kidney Failure

Pregnant

Yes to any of the above please give details:

Suffered from any of the following conditions:

Cancer

Bladder Infections

Kidney Infections/Stones

Diabetes

Epilepsy

Headaches/Migraines

Fungal Infections

Diverticulitis

Psoriasis

Hepatitis

Genital Herpes

Bad Breath

Genital Warts

Rectal Itching/ Bleeding

Virginal Thrush

Liver Problems

Dermatitis

Eczema

Irritable Bowel Syndrome

Sinus problems

Abdominal Pain

Distension, Bloating, Wind

Indigestion

Colitis/ Ulcerative Colitis

Constipation

Fatigue

Diarrhoea

Depression

HIV/ Aids

Asthma

Concerns regarding your digestive system? _____

How regular are your bowel movements? _____

What is the consistency of your stools? _____

Do you ever use laxatives? _____

Do you smoke? _____

Do you exercise? _____

Do you have any food allergies/sensitivities? _____

Do you take any supplements? _____

Have you received any antibiotic treatment in the past two years? Yes /No courses _____

Daily Diet – Please give an indication of a typical daily diet.

Breakfast _____

Mid Morning _____

Lunch _____

Mid Afternoon _____

Dinner _____

Supper _____

How much tea/coffee do you consume per day? _____

How many soft drinks do you consume per day? _____

How much water do you drink per day? _____

How much alcohol do you drink? _____

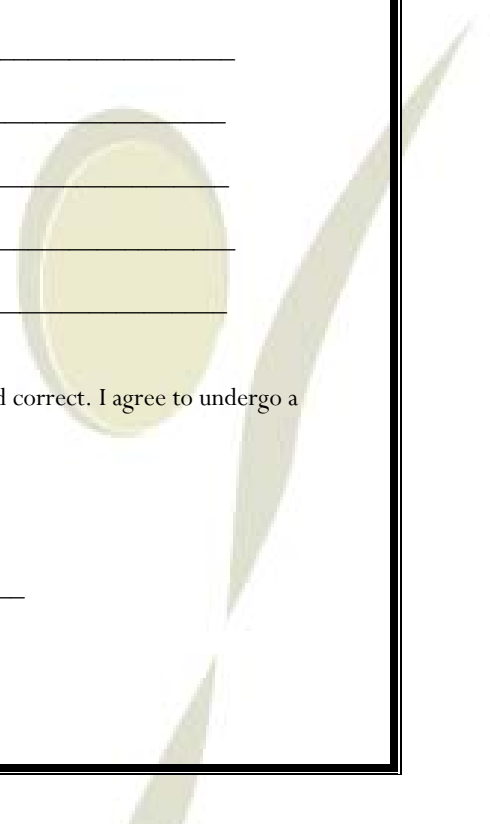
Main reasons for wanting colon hydrotherapy _____

How did you here about The Body Works Clinic? _____

Declaration: I declare that the information given is to the best of my knowledge, true and correct. I agree to undergo a colonic hydrotherapy treatment.

Signature _____

Date _____



Practitioners Page

Date:
Peristalsis: Normal/Hyper/Hypo/Erratic
Evacuation: Full/Part
Further treatments:
Observations of treatment:
Recommendations: _____

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