



0115 9676699

www.nottmphysio-colonics.co.uk
lindabooth@btinternet.com

HEALTH QUESTIONNAIRE

(In strictest confidence)

**Please save this document to your PC, complete, save and send.
If you have any problems please contact lindabooth@btinternet.com**

Full name (including title)

Address (including postcode)

Telephone number (best to reach you on)

e-mail address (e-mail address for communication purposes, and from time to time, Nottingham Health & Wellbeing Clinic send out health tips)

.....

Date of birth Age Height Weight

Occupation

Name and address of GP

Blood Group (if known).....

Have you received any antibiotic treatment in the past six months?

If 'yes', what were they prescribed for?

Are you, or have you, in the past, taken recreational Drugs? If 'yes', please give details

.....

Do you have any children? If yes, how old?

'Do you have any pets - cats, dogs etc?

Current health complaints, and duration

.....

Are you consulting your GP or a Hospital Specialist regarding your health?

If so, what for?.....

.....

Please list any prescribed medications you are taking

.....

Do you/have you ever taken any steroid based medication?.....

If so, what for and what was the duration?.....

.....

List all past medical problems with approximate dates

.....

List all surgical procedures in the last two years

.....

Have you ever been hospitalised, either as a baby, child or adult for an infection that required the prescribing of antibiotics, particularly intra-venous antibiotics? If so, what for, when, and the duration of your stay in hospital?

.....

.....

Were you born by cesarian or was it a natural birth?

Were you breast fed or bottle fed?

Are you taking any vitamin/mineral supplements?

If so, please list

Are you currently consulting any other practitioners? If so, please give details of the treatment you are

receiving
.....

Do you suffer from, or have suffered from:

- | | |
|--|---|
| High blood pressure | Kidney failure or kidney problems |
| Heart disease | Cirrhosis of the liver |
| Severe haemorrhoids | Cancer of the colon/rectum |
| Hernia | Recent colon surgery |
| G.I. Haemorrhage?
Perforation | Severe anaemia |
| Fissures/Fistulas | Any bleeding from the rectum |

If you have answered Yes to any of the above, please give details
.....

Have you ever had any of the following procedures:

- | | |
|---|----------------------------------|
| Colonoscopy..... | Sigmoidoscopy..... |
| Barium Enema..... | Scans of the Abdominal area..... |
| Gastroscopy (sometimes referred to as Endoscopy - camera down the throat) | |

If you have answered Yes to any of the above, please give details
.....

Do you, or have you in the past ever administered rectal enemas?

Have you had colonic hydrotherapy before? If so, with whom, and when
.....

Any family health conditions
.....

Has a close family member (parents, grandparents, brother, sister) been diagnosed with bowel cancer, crohn's disease, coeliac disease, colitis, diverticulitis? If so, please give details

.....
.....

How often do you urinate ? 3-4 times a day Less More

Any back pain? Yes No How often

How regular are your bowel movements?

Is there ever any mucous in your stools?

Does stress affect your bowel movements?

Do you crave any particular type of food and if so what?

Do you smoke? If yes, how many a day?

Have you ever smoked? If so, when did you stop
and how many cigarettes were you smoking each day?

Do you drink alcohol? If yes, how many units per week?

How many cups of tea and/or coffee do you drink a day?

Do you add sugar and if so, how much?

Do you drink soft drinks (cola etc.) and if so, how many ?

How many glasses of water do you drink each day?

How often do you exercise?

How many hours sleep do you need/get?

Do you have a good appetite?

Do you suffer from any food allergies/food sensitivities?

If yes, please list

.....

Do you frequently travel abroad?

If yes, have you ever suffered with sickness and/or diarrhoea?

Are you under a lot of stress at the moment?

If yes, do you know the cause of it?

Please tick if you suffer, or have suffered from any of the following conditions:

General

Alcoholism
Amalgam fillings-how many
Anaemia
Cancer (of any type)
Chronic Fatigue Syndrome
Diabetes
Dizziness
Double/blurred vision
Drug addiction
Fainting spells
Ear infections
Epilepsy
Headaches/Migraines
Hepatitis
HIV/Aids
Hypoglycaemia
M.E.
Weight loss
Over-active thyroid gland
Under-active thyroid gland
Gallstones

Cardio-vascular

Angina/Chest pain
Hardening of the arteries
Low blood pressure
Rapid irregular heart beat
Swelling of the ankles

Emotional/nervous system

Anxiety
Depression
Fatigue
Insomnia
Irritability
Lack of concentration
Lethargy
Mood swings
Over-reacting
Panic attacks
Memory loss

Respiratory

Gastro-intestinal

Abdominal pain
Bad breath
Colitis
Constipation
Cravings
Diarrhoea
Distension/abdominal bloating
Diverticulitis/Diverticulosis
Heartburn
Indigestion
Irritable Bowel Syndrome
Liver trouble (e.g. fatty liver)
Rectal bleeding
Rectal itching
Ulcerative Colitis

Muscle and joint

Arthritis
Low back pain
Joint pain/stiffness
Rheumatism
Muscle weakness

Skin

Acne
Bruise easily
Dermatitis
Eczema
Fungal infections
Psoriasis

Women

Asthma	.....	Amenorrhoea (absence of periods)	.....
Bronchitis	.....	Dysmenorrhoea (painful periods)	.....
Emphysema	.....	Endometriosis	.....
Hayfever	.....	Genital herpes	.....
Sinus problems			
C.O.P.D	.....	Genital warts	.....
		Heavy menstrual flow	.....
		Hysterectomy	.....
		PMT	.....
		Vaginal thrush	.....
		Are you pregnant?	.....
		Date of last period	.....
		Are you on the Pill?	.....

Genito-urinary

Bladder infections
 Kidney infections/stones

Men

Enlarged prostate
 Genital herpes
 Genital warts

Daily diet – please give an indication of a typical daily diet

Breakfast

Mid-morning

Lunch

Mid-afternoon

Dinner

Have you ever suffered from anorexia or bulimia?

Do you ever over-eat?

Are you vegetarian or vegan or neither?

Do you feel that certain foods upset you and if so, which?

Please give any other information you may think is relevant

.....

What do you think needs to change to improve your health?

.....

List your main reasons for wanting Colon Hydrotherapy

.....

.....
.....

How did you hear about Linda? (recommended/website/google etc)

.....

The information provided above is, to the best of my knowledge, true and accurate. I also confirm that I have not with-held any health/personal information that may affect the therapist's decision to treat me with colon hydrotherapy.

Signed Date

I agree to having a rectal examination if during discussion it is deemed necessary

Signed Date

If suffering from diabetes, angina, heart disease, or epilepsy, in the event of an attack, I agree to the following action being taken: (delete as appropriate): administer my medication/call an ambulance/call relative/position comfortably.

Signed Date