

## Strictly Private & Confidential



# YOUR HEALTH & LIFESTYLE

The purpose of this questionnaire is to understand your overall health and wellbeing. The information you provide will assist us in designing a program to meet your needs, as well as assist us in advising you how to reach your objectives – taking into consideration your current health and lifestyle. Please answer as accurately as possible.

**Caution: We recommend that you do not eat within two hours prior to your session and that you avoid salads and other food that may overload your colon for one day after your session.**

### Personal Details

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Daytime Tel \_\_\_\_\_ Mob \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ Children's Ages \_\_\_\_\_

### General Practitioner

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Daytime Tel \_\_\_\_\_ Mob \_\_\_\_\_ Email \_\_\_\_\_

**How did you hear about us?** Please circle where appropriate

Friend?                      Internet?                      Advertisement?                      Doctor?

**Your Objectives**

1 What is your main reason for visiting us? Please describe below your objectives and needs:

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**Your Health**

2 Are you currently under the care of your G.P. or any other practitioners? If so please give the details of the treatment:

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3 Please list any medications or supplements you are taking:

Prescribed \_\_\_\_\_

Others \_\_\_\_\_

4 How regular are your bowel movements? Please circle where appropriate:

\_\_\_\_ times per day      Daily      Every 2 3 4 days      \_\_\_\_ times per week      \_\_\_\_ times per month

5 How would you describe your bowel movements? Please circle where appropriate

Spontaneous and effortless      Require straining      Painful      Incomplete

6 Do you have diarrhoea regularly? Please circle where appropriate:

Yes / No      If Yes, how many times per month? \_\_\_\_\_

7 Do you currently regularly use, or have regularly used laxatives in the last 2 years? Please circle where appropriate:

Current: Yes / No      Last 2 Years: Yes / No

If Yes, please provide details \_\_\_\_\_

8 Over the last ten years has there been a change in your bowel habits? Please circle where appropriate:

Yes / No      If Yes, please describe any change \_\_\_\_\_

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9. Are you suffering or have you suffered in the 6 months from any of the following? Please circle where appropriate:

|                  |                      |              |
|------------------|----------------------|--------------|
| Fits or Seizures | Bladder Infection    | Bloating     |
| Blood in stools  | Burning/Itching Anus | Constipation |
| Abdominal pains  | Infectious disease   | Haemorrhoids |
| Rectal bleeding  | Strain               | Vomiting     |

10 Have you had the following procedures in the past? Please circle where appropriate:

Barium Enema      Colonoscopy      Sigmoidoscopy

11 When were these done and what were the results?

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12 Please list any other current or past medical problems and include dates:

Digestive conditions \_\_\_\_\_

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Other conditions \_\_\_\_\_ - \_\_\_\_\_

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**Contraindications for Use**

The contraindications for the use of the Angel of Water™ CM-1 include, but may not be limited to the following. Do you have any of these conditions? Please circle where appropriate:

- |                          |                                     |                         |
|--------------------------|-------------------------------------|-------------------------|
| Congestive heart failure | Intestinal perforation              | Carcinoma of the rectum |
| Fissures or fistula      | Severe haemorrhoids                 | Abdominal hernia        |
| Renal insufficiency      | Recent colon or rectal surgery      | Abdominal surgery       |
| Cirrhosis                | First & last trimester of pregnancy |                         |

13 Have you ever suffered from Anorexia or Bulimia? Please circle where appropriate: Yes / No

14 Please give below any other information that you think it is relevant:

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## Client Declaration

### Colon Irrigation is not intended to replace the relationship with your doctor.

We may consider it appropriate to contact your General Practitioner and /or your healthcare / sport professional. In every case we will contact you and inform you of the specific action before proceeding. This is to ensure we best serve and assist you.

Do we have your consent to contact your G.P. / other practitioner? Please circle where appropriate

I give my consent to contact my G.P. Yes / No

I give my consent to contact the practitioner I am currently seeing Yes / No

I give my consent to contact the practitioner/who referred me Yes / No

Please read the statement below and confirm your acceptance to our terms and conditions by signing where indicated:

- i. The information provided above is to the best of my knowledge true and accurate.
- ii. I understand that Heavenly Spa have a cancellation policy which states that 24 hours notice is required for the cancellation of an appointment or I will be charged the full amount.
- iii. In accordance with the Data Protection Act, you agree we may hold and process personal information for the purpose of providing health and well being services. We keep records of all our business transactions for at least 6 years. You, or anyone authorised by you, may inspect all documents and entries relating to your dealings with us. However we treat all clients' records as confidential, so we reserve the right to give you copies of your particular records rather than allow access to files containing records about other clients. Strict confidentiality will be maintained at all times. We are entitled to charge a fee for this service of up to £10. If any of the information we hold is incomplete or inaccurate please tell us and we will correct it.
- iv. We may from time to time contact you by post, fax, email or telephone with details of products and services which may be of interest to you. If you would prefer not to receive this information please indicate your preference by ticking the box here.

**I understand that my consultation with a Colon Hydrotherapist is not intended as medical advice. I have not been diagnosed with any contraindication for the Angel of Water™. I am aware that Colon Hydrotherapists are NOT doctors and therefore do not insert, diagnose or prescribe. I am aware that adverse events such as perforation, injury and illness have been alleged with the use of enema devices. I am responsible for the insertion of my rectal tube and for the flow of water. If I experience resistance during the insertion of my rectal tube or any discomfort during my treatment I will immediately stop my session. I am aware that this facility does not claim to cure or treat any condition or disease.**

Signed \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for taking the time to fill in this questionnaire and congratulate yourself on taking the first step towards rebalancing, rejuvenating and reenergising. We look forward to seeing you!**

If you have filled in this questionnaire on a computer, please return it to us via email: [relax@heavenlyspa.co.uk](mailto:relax@heavenlyspa.co.uk)  
Alternatively, please bring it along with you on your first visit.