

## Colonic Case History



<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>		
<b>Post Code:</b>		<b>Email:</b>
<b>Telephone Number: (Home)</b>		<b>(Work)</b>
<b>Mobile Number:</b>		<b>Occupation:</b>
<b>Date of Birth:</b>	<b>Age:</b>	<b>Children: Y/N (list ages)</b>
<b>GP Name and address:</b>		

<b>Your Medical History</b>					
Current medically diagnosed health issues. Please provide any medical test results as applicable (Cholesterol, blood pressure etc)	Duration	Please list anything you take regularly, including GP or self prescribed medication, nutritional supplements, homeopathic or herbal remedies	List Any known Food Allergies/Intolerances	Please list any past illness or operations in the past 10 years (Providing as much information as possible)	Therapist Notes
1					
2					
3					
4					
5					

<b>Achieving Your Health Goals</b>	<b>THERAPIST NOTES</b>
Please explain your reasons for Colonic Hydrotherapy today:	
Have you had Colon Hydrotherapy in the past?	
How did you hear about this clinic	
What are your expectations from a Colonic?	

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Diet	THERAPIST NOTES
Please list a typical breakfast	
Please list a typical lunch	
Please list a typical dinner	
What would you snack choices be	
How would rate your appetite?	
How many cups per day do you drink of the following: Tea Coffee Water Fizzy Drinks Fruit Juices Alcohol (What is your weekly/daily intake)	
What is your sleep pattern?	
Do you smoke	
Do you exercise? (Please detail type and frequency)	
What is your current heart rate?	
What are your menstrual cycle patterns(regular, heavy , light , painful etc)	
Do you suffer from back pain, neck or shoulders	

Bowel Movements	THERAPIST NOTES
How often do you empty your bowels?	
Do you ever feel like you have not completely emptied your bowels?	
What form are your stools ? (Hard, rabbit droppings, soft, pencil like, mucus, blood, diarrhoea, smelly etc)	
Do you suffer with bloating and/or Gas	
Do you/have you used laxatives	
Do you perform enemas?	
Do you think you suffer from IBS or any other bowel disorder.	
Do you suffer from haemorrhoids / Diverticulitis, Diverticulosis, Fissures or Fistula	
Do you have blood in your stools?	

**Consent and agreement**

To the best of my knowledge, all statements made in the above case history are true, and hereby agree to myself/my child receiving treatment.  
 I also agree to having a rectal digital examination and Colon Hydrotherapy, as explain and discussed with my therapist today.

Signed: .....

Date: .....

Therapist Signature: .....

Colon Hydrotherapy Results	Therapist Notes
Examination of Abdomen( Distended, Tender, Fullness,scars)	
Rectal Examination ( Haemorrhoids, Tender, Tolerance)	
Rectal Size: (Small, Medium, Large)	
Prostate (Small, Hard, Soft, Tender)	
Uterus ( Prolapsed, Tender)	
Scope Used (Adult or Child)	
Entry (Average, Easy , Difficult)	
Count (10,20,30) Tolerance	
Tone (Spastic, Normal, Atonic)	
Transverse Colon (Normal Prolapsed)	
Form: (Lose, hard, pebbles)	
Colour (Medium brown, light, dark)	
Gas (Average, Large, Small)	
Mucous (Small amount , Large amount)	
Cecum Flush	
Temperature	
Peristalsis	

**Additional Notes:**

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**Date:** .....

**Practitioners Signature:** .....

## Client Therapist Terms of Engagement

### Introduction

Colon Hydrotherapy is a valuable procedure used to assist the body with the reversal of a multitude of health conditions resulting from improper diet and years of poor elimination. However, no claim is made as to the efficacy of any nutritional protocols. It should be noted that the degree of benefit obtainable from Colon Hydrotherapy might vary between clients with similar health problems and following a similar treatment programme.

### Your Therapist

- ∞ Your Colon Hydrotherapist has undertaken the highest level of training with ARCH and is also qualified as a Nutritional Practitioner.
- ∞ As a result if your therapist feels Colon Hydrotherapy is not suitable for you or you need additional Nutritional support, you will be advised to undertake the most appropriate route for your health concerns.
- ∞ Nutritional advice will be tailored to support medically established, diagnosed conditions and/or health concerns identified and agreed between both parties.
- ∞ Nutritional Practitioners and Colon Hydrotherapist's are not permitted to diagnose, or claim to treat, medical conditions. Nutritional advice is not substitute for, professional medical advice and/or treatment.

NB: the BANT Code of Ethics and Practice govern Standards of professional practice in Nutritional Therapy and your Colon Hydrotherapist/ Nutritional Practitioner is appropriately insured.

### The Client

- ∞ You are responsible for contacting your GP about any health concerns.
- ∞ If you are not being treated by your GP, you should still advise him/her that you are receiving nutritional therapy.
- ∞ If you are receiving treatment from your GP, other medical providers or complementary therapists you should advise them of any nutritional strategy provided by your practitioner. This is necessary because of any possible reaction between medication/treatment and the nutritional programme.
- ∞ It is important that you tell your Colon Hydrotherapist about any medical diagnosis, medication, herbal medicine, or food supplements, you are taking as this may affect the nutritional programme.
- ∞ If you are unclear about any areas of the agreed Colon Hydrotherapy treatment programme including supplementation and timeframes you should contact your practitioner promptly for clarification.
- ∞ You must contact Colon Hydrotherapist should you wish to continue any specified dietary or supplement programme for longer than the agreed period, to avoid any potential adverse reactions.
- ∞ You are advised to report any concerns about Colon Hydrotherapy promptly to your practitioner for discussion and action.

### Signed agreement between the Colon Hydrotherapist and Client

We understand the above and agree that our professional relationship will be based on the content of this document.

Signed by client:  
Print Name:

Date:

Signed by Colon Hydrotherapist:  
Print Name:

Date:

**To be placed on record in the clients file**