**PRE-COLONIC QUESTIONNAIRE**

 **CONTRA-INDICATIONS**

**Pre-Colonic Questionnaire Section A**

Please tick the relevant box if you have any of the following:

 □ Actively inflamed ulcerative colitis or Crohns disease.

 □ Severe heart disease and/or congestive heart disease.

 □ Carcinoma of the colon or rectum (and are not able to pass stool).

 □ Severe liver disease, i.e. cirrhosis of the liver.

 □ Less than 50% of kidney function, and having dialysis.

 □ Strangulated hernia.

**Pre-Colonic Questionnaire Section B**

Please tick the relevant boxes if any of the following apply to you:

 □ You are pregnant.

 □ You have high blood pressure (above 140/90).

 □ You use diuretics related to hypertension.

 □ You have haemorrhoids.

 □ A fissure or fistula which has totally healed.

 □ Renal disease (test results may be required).

 □ Uncontrolled diabetes.

 □ Abdominal surgery within the past 6 months.

 □ If you are highly anxious, stressed or emotional.

 □ Carcinoma of the colon, but you are able to pass stools easily.

 □ You are under 16 years old.

 □ Within 6 months of hip joint or knee surgery.

If you ticked anything in **Section A**, unfortunately it is not advisable to receive colonic hydrotherapy treatment, however your condition may be helped by naturopathic procedures and nutritional therapy.

If you ticked anything from **Section B**, a colonic may be given with conditions and caution.

**Client Declaration**

* + I confirm that I have not withheld any information relevant to the state of my health that could be detrimental to the treatment.
	+ I confirm I have read the contra-indications list and understand I may put myself at risk if I have a treatment when having a listed contra-indication.

 Sign ….................................................................................. Date …................................................