**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 …................................................