

# Suki Zoë

## colon hydrotherapy

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE (ps. i need to be able to read your writing!.....)

name	age	d.o.b.
address	weight-now	& ideal!
	height	
email	blood type/ancestry	
home phone	job	
mobile	romance/living status	
children (age/s)	health aims?	
previous colonics? how many, when, who with...		

do you have any problems with....(double or triple ✓ tick for extremes)

skin: eczema/psor/acne	spine/back pain	stress	allergies
heart	joints	exhaustion	lungs
blood pressure	arthritis	insomnia	headaches
liver	circulation	depression	toothache
kidneys	varicose veins	addictions	asthma
bladder	herpes	eating disorders	thrush/candida
colon disease	HIV	cholesterol	diabetes
cancer	hepatitis	cosmetic surgery	hypoglycemia
hernia	thyroid	tonsillitis	steroids
spleen/pancreas	immune system	dandruff	mercury fillings

how often do you go to the loo (pooping)?.....

have you ever had food poisoning/ been sick/had parasites .....

when did you last have vaccinations.....

constipation	diarrhea	ibs	use laxatives
piles	gas	bloating	indigestion
appendicitis	diverticular	heartburn	ulcer

women:

pregnant now	pms	on the pill	fibroids
menopause	hysterectomy	had a c-section	IUD
endometriosis	PCOS	normal periods	other

list any you are having, or have affected your health- please continue overleaf if you need...

herbs, homeopathy, supplements
bodywork
medication
operations

a typical days food:

breakfast	
lunch	
dinner	
snacks/ fluids	
what is your biggest weakness?	

✓ tick each that apply (more ticks for excesses) & ~~cross through~~ those that don't apply

raw/vegan/vegetarian	carnivore	sweet tooth	savoury tooth
fruit	red meat	coffee	antacids
water	fish / seafood	tea	eggs / yoghurt
fresh vegetable juices	white meat	alcohol	cream / butter
salad	pasta	fizzy / sweet drinks	cheese / cow milk/soya
fresh vegetables	white potatoes	artificial sweeteners	late night snacks
white / brown rice	fried foods / junk	sugar/sweet foods	drugs
organic foods	salt	biscuits /cake	nicotine
beans /chickpeas etc	msg	chocolate / sweets	ready meals
herbal / green tea	crisps	bread	microwave

do you?:

chew properly	comfort eat	stop when full	relax
exercise – what kind?			

please arrive with an empty stomach.

for a day or two before & after the colonic avoid **carbonation, alcohol, meat, dairy, fried** and gas forming foods.

plan to eat only a *light* meal after your session - if you are hungry.

i suggest vegetable juices, light soup or steamed vegetables. not heavy carbs, animal products, sugar or alcohol.

this treatment is not intended to replace treatment by your allopathic doctor & i do not give 'medical' advice. i encourage you to be open-minded about the benefits of colonics & the significance that diet, mental attitude & exercise can play in your life. my intention is to share with you any information I can, to enable your healing & continuing health.

**it is important that you have disclosed to me:**

details of your medical health & history; medications; allergies; any previous problems relating to this treatment; any other information within your knowledge which might be relevant to this treatment. thank you. if you are currently pregnant or have: colon disease, GI perforation, kidney disease/infection, hernia, use of steroids, heart disease or liver disease, please let me know.

**i operate a '24 hour' cancellation policy. there will be a full charge for all appointments missed or late arrivals which means your session is not possible. by signing below you are agreeing to these terms.**

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name

signature

date