

# Suki Zoe

## Colon Hydrotherapy

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE

Name	Age	DOB
Address	Weight-now	Ideal weight
	Height	
Email	Ancestry	
Phone	Romance/living status	
Job/business	Children (age/s)	
Health aims?		
Previous colonics? how many, when, who with		
Previous fasting/cleanses/enemas		

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 poop?.....  
 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
other

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A typical day's food:

breakfast	
lunch	
dinner	
snacks/ fluids	
what's your biggest weakness?	

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

raw/vegan/vegetarian	carnivore	sweet tooth	savory 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	cow / sheep / goat dairy
fresh vegetables	white potatoes	artificial sweeteners	late night snacks
organic foods	fried foods / junk	sugar / sweet foods	drugs
grains	salt	biscuits /cake	nicotine
legumes	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. No 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. If you are currently pregnant or have: colon disease (ie. Diverticulitis, blood in your stools), GI perforation, kidney disease/infection, hernia, use of steroids, heart disease or liver disease, please let me know. Thank you

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name

signature

date

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**We operate a '24 hour' cancellation policy.** There will be a full charge for all appointments missed or late arrivals (meaning your session is not possible). We have very clear policies - no matter who you are or what your relationship is to the clinic. We may be friends and this also our business - I truly hope you understand. By signing above you are agreeing to these terms.

Packages are non-refundable, non-transferable and expire after 6 months.