



01698 854805
The Bothwell Clinic

Patient Details Form (Colonic Hydrotherapy)

Date

Dear Client,

The Bothwell Clinic and its therapists aim to ensure that the treatment which you receive is to the highest standard reasonably possible.

To enable us to do this it is important that you have disclosed to *The Bothwell Clinic* and your Therapist prior to receiving any treatments, the following information:

- (i) Details of your medical history (including operations) and current state of health.
- (ii) Details of any current medication you are taking, or have taken within the past three months;
- (iii) Details of any allergies;
- (iv) Details of any problems previously experienced relating to or method of treatment to be provided;
- (v) Any other information within your knowledge, which might reasonably be expected to be relevant to you receiving the proposed treatment.

If you do not provide us with this relevant information, we cannot be held responsible for any resulting problems.

Thank you for your co-operation.

Kindest Regards

Joyce Laurie

Please sign below to acknowledge that you have read and understand the above terms, which form part of the contract for the provision of our services.

Client Signature..... Client Name.....

Name:	Age:		D.O.B:
Address:	Tel:	Home:	
Postcode		Work:	
E-mail:		Mobile:	
Occupation:		Height	
GP		Weight	
Have you had Colonic Hydrotherapy before? Where / who with? For how long / how many?			

Bristol Stool Scale (Constipated) **1. 2. 3. 4. 5. 6. 7.** (Diarrhoea)

How often do you have a bowel movement? (Please state amount of occasions in the brackets) **Daily** () **Weekly** () **Fortnightly** ()

Do you sit for long periods on the toilet when having a bowel movement? **Yes/No**

Do you frequently experience bleeding on passing a bowel movement? **Yes/No**

Please tick the boxes below if you have / had any problems with any of the following:

Spinal / back		Lungs / respiratory		Piles	
Joints		Digestion		Skin	
Weight		IBS		Allergies	
Heart		Constipation		Headaches/migraines	
Blood pressure		Diarrhoea		Thrush	
Circulation		Colonoscopy		Candida	
Liver		Cancer		Anorexia / Bulimia	
Hepatitis		HIV		Laxatives	
Appendicitis		Bladder		Herpes	
Liposuction		Kidneys		C-section	
Varicose Veins		Diabetes		Blood type	

Medical History/Medication & Supplements

Operations:	
Bowel Investigations:	
Current Medication/s:	
Antibiotics (ever):	
Laxatives Prescribed or Purchased:	
Vitamins/Minerals/Probiotics:	
Any History of Colon Disease in Family?	

	Women Only – Are you	
Experiencing PMS?	Regular Periods?	Are you on the pill?
Post menopause?	Are you pregnant?	Children: Ages:

Social – please state quantities per day

Tea		Coffee		Sleep (hours)	
				Broken Y/N	
Tobacco		Alcohol		Exercise – Type	
Drugs		Stress (1-10)		Relaxation	

Diet – (circle all that apply)

Fruit	Fresh Veg juice	Fruit Juices	Salad	Vegetables
Seaweed	Red Meat	Breakfast Cereal	Fish	Salt
Poultry	Grains	Potatoes	Microwave	Takeaways
Bread	Nuts	Dried Fruit	Sugar	Chocolate
Cakes	Pastries	Biscuits	Water	Fizzy drinks
Pasta	Ice cream	Puddings	Fry up	Wheat Grass
Cheese	Milk	Eggs	Soya Milk	Sweets

Patient & Practitioner:

I understand that colonic – hydrotherapy is an ‘intrusive’ non-invasive treatment which involves the insertion of a sterile speculum into the rectum to depth of approximately two inches. I understand and agree that a rectal examination will be part of the treatment on the first occasion.

Signature of Patient: _____ **Date:** _____

Signature of Practitioner: _____

Colonic Hydrotherapy Treatment Record

<u>Treatment Information</u>	
Date:	
Abdomen:	
Bowel (atonic / spastic / normal):	
Waste consist + colour:	
Mucous:	
Caecum (normal / heavy / toxic):	
Water temp:	
Water vol:	
Peristalsis:	
Gas (gross / ferm):	
Implant:	
Comments:	

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Aftercare advice for colonic hydrotherapy clients

- A small amount of water is absorbed during the colonic treatment, and you may notice an increased need to urinate. This is normal, and will subside quickly.
 - If your digestion is weak i.e. there was a lot of undigested food passed during the treatment, don't drink copious fluids with meals for 30 minutes before or 1 hour after meals. It may be worth taking a digestive enzyme (all foods) or Betaine Hydrochloric acid (for protein digestion) prior to meals. This will help break food down in order that the body may better absorb them. Your therapist will advise.
 - Avoid/reduce intake of alcohol for at least 48 hours.
 - You may experience some flatulence and bowel sounds – this is due to the bowel bacteria multiplying back up to strength for up to 48 hours after treatment. Probiotic supplements or foods with probiotic qualities such as sauerkraut, kefir, kimchee etc may be useful, and fruit and vegetables will also help.
 - If griping occurs, drink hot Peppermint, Fennel or Chamomile infusions, and avoid cold drinks, carbonated drinks and gassy foods.
 - Don't expect a bowel movement the next day: depending upon your result during treatment, it may take several days before normal bowel movements resume.
 - Avoid rigorous exercise and weight lifting immediately after treatment.
 - If you experience any continued discomfort, telephone your therapist.
 - Specific Nutrition Advice for you:
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- Contact Joyce either on joyce@bothwellclinic.co.uk Tel: 01698 854805