



ACCESS YOUR INNER HEALTH

All information provided is treated with the highest standard of confidentiality. The purpose of this questionnaire is for me to understand your overall health and well-being. If for any reason you do not wish to answer a question please leave it blank. Once completed, please bring it with you to your first appointment.

Name: _____ Address: _____

Date of Birth: _____ Postcode: _____

Tel (Home): _____ Date _____

Mobile: _____ Height: _____ Weight: _____

Email: _____ How many children do you have: _____

Where did you hear about Osalo? _____

Name and address of GP: _____

Occupation: _____

What is your reason for treatment? _____

Please list all medications you take: _____

List past surgical procedures & dates: _____

List any supplements you take: _____

List any alternative treatments you are receiving _____

Please circle anything which accurately describes your bowel movements:

Spontaneous • *Occur after eating* • *Effortless* • *Require straining/Painful* • *Incomplete feeling*

How regular are your bowel movements? Please circle the most appropriate.

Once daily • *2/3 times daily* • *Every 2 days* • *Every 3/4 days* • *5 days or more* • *Other*

Which best describes the appearance of your stools?

Fat Sausage • *Skinny Sausage* • *Rabbit droppings* • *Pebbles* • *Loose* • *Diarrhoea*

Do your stools mainly float or sink? _____

Are your stools smelly? YES / NO / SOMETIMES

How long have you had this pattern of bowel movements? _____

Have you taken antibiotics in the past? If so how often? _____

Do you have a family history of intestinal problems? YES / NO

If so, please specify?

Have you had a barium enema, colonoscopy or sigmoidoscopy? YES / NO

If so, what were the results?

Which best describes the condition of your skin?

Dry • Combination • Sensitive • Oily • Dehydrated

Describe the condition of your nails:

Describe the condition of your hair:

Do you smoke? YES / NO If so how many per day?

Do you drink alcohol? YES / NO If so how much per day?

Do you drink tea / coffee? YES / NO

If so how much per day?

Are they caffeinated? YES / NO

Which best describes your urine? (Please circle as appropriate)

Clear • Very pale • Yellow • Dark yellow • Orange • Smelly

How much water / herbal teas / squash do you drink per day?

Litres / glasses

Do you exercise? YES / NO

If so how often?

Do you take drugs or substances? YES / NO If yes, what?

Do you suffer from allergies / food sensitivities? OR do any foods make you feel bloated or tired?

If so, please list here

Do you frequently travel abroad? YES / NO

Have you been treated for stomach upset / diarrhoea / parasites after travelling abroad?
YES / NO

If yes, what was the treatment for?

And have the symptoms stopped? YES / NO

Are you under a lot of stress? YES / NO

How do you relax or manage stress?

Daily Diet

Please give an indication of a typical daily diet:

Breakfast

Mid morning

Lunch

Mid afternoon

Dinner

Are you vegetarian or vegan? YES / NO

Have you ever suffered from bulimia? YES / NO

Please give any other information that you think is relevant:

Digestive conditions

Please circle any problems that you are currently, or have experienced.

'N' = now 'P' = past condition

Fatigue after eating	N / P	Indigestion	N / P	IBS	N / P
Gripping / cramps	N / P	Ulcerative colitis	N / P	Diverticulitis / Diverticulosis	N / P
Ulcers	N / P	Haemorrhoids / Fissure	N / P	Gas / Bloating	N / P
Liver problems	N / P	Cravings? Sugar / Salt	N / P	Parasite infection	N / P
Diarrhoea	N / P	Black Stools	N / P	Abdominal Pain	N / P
Crohn's disease	N / P	Perforation of gut	N / P	Lactose intolerance	N / P
Excessive flatulence	N / P	Vomiting of blood	N / P	Wheat Intolerance	N / P
Reflux / heartburn	N / P	Anal itching / burning	N / P	Gluten Intolerance	N / P
Rectal bleeding	N / P	Gall bladder disease	N / P	Dairy Intolerance	N / P
Bad breath	N / P	Fissure / fistula	N / P		
Candida	N / P	Constipation	N / P		

Other conditions

Severe cardiac disease	N / P	Drug addiction	N / P	Migraine	N / P
Chronic fatigue syndrome	N / P	Multiple sclerosis	N / P	Sinus problems	N / P
Thyroid problems	N / P	Bronchitis	N / P	STD	N / P
Eczema	N / P	High blood pressure	N / P	Rectal surgery	N / P
Diabetes	N / P	Dizziness	N / P	Ear Infections	N / P
Hepatitis	N / P	Arthritis	N / P	Swollen joints	N / P
Acne	N / P	Fungal infections	N / P	HIV	N / P
Cold hands and feet	N / P	Severe anaemia	N / P	Prostrate problems	N / P
Asthma	N / P	Alcoholism	N / P	Epilepsy	N / P
M.E.	N / P	Low back pain	N / P	Hay fever	N / P
Bruise easily	N / P	Psoriasis	N / P	Varicose veins	N / P
Water retention	N / P	Eating disorder	N / P		
Kidney problems	N / P	Cancer	N / P		

Nervous system

Anxiety	N / P	Irritability	N / P
Insomnia	N / P	Lack of concentration	N / P
Mood swings	N / P	Overeating	N / P
Panic attacks	N / P	Headaches	N / P
Depression	N / P	Fatigue	N / P

Womens issues

Heavy menstrual flow	N / P	Hysterectomy	N / P
Miscarriage	N / P	PMT	N / P
Vaginal thrush	N / P	Endometriosis	N / P
Irregular periods	N / P	Infertility	N / P
Painful periods	N / P	Contraceptive pill	N / P

Disclaimer

Colon hydrotherapy is not intended to replace the relationship with your primary health care providers and our consultation is not intended as medical advice. The consultation is intended as a sharing of knowledge and information from our education, research, and experience. The information and service provided is not used to prescribed, recommend, diagnose or treat a health problem or a disease. It is not a substitute for medical care. If you have or suspect you may have a health problem, you should consult your GP.

Please note any monies paid to Osalo Ltd for treatments are non refundable and must be taken within three months from the initial treatment.

Treatments are not transferable to another person. Non attendance will result in a charge.

Consent declaration

The information provided above is to the best of my knowledge true and accurate. The procedure for colon hydrotherapy has been explained and I hereby give my consent for a digital examination and colon hydrotherapy to be performed on myself today and all subsequent appointments.

Name

Signature

Date

All treatments booked are for that person, the treatment is not transferrable to anyone else. A booked course of treatments should be taken within three months. If you do not attend you will be charged the full amount. Cancellations or rebooking appointments can be made if at least 48 hours – Monday to Friday notice is given. A cancellation fee of 50% will be made if insufficient notice is given. Payment to Osalo can be made by online banking, cash or cheques. Babies, children and pets are not allowed. As a general courtesy could your mobile phone be turned off or on silent please.