Amarylis Health Questionnaire

This information is treated in the strictest confidence

Name Date of birth	Email Telephone
Address	

Have you prepared for the treatment in accordance with advice on dietary preparation and the necessary frequency and consistency of bowel movements?

YES / NO

MEDICAL HISTORY

Have you ever had in the past OR do you have any of the following conditions?

☐ Renal (Kidney) Insufficiency ☐ Severe Anaemia ☐ Severe Cardiac Disease

☐ Anal Fissures/Fistulas ☐ Aneurysm (Arterial Swelling) ☐ Cirrhosis

☐ Advanced Pregnancy ☐ Severe Haemorrhoids

☐ Abdominal Hernia ☐ Gastro Intestinal Haemorrhage/Perforation

☐ Colon Or Rectal Cancer ☐ Recent Colon Or Rectal Surgery

How often do you have a bowel movement? …… PER DAY…….PER WEEK

What is the consistency, does it sink, float or come out in pellet form?

How often do you urinate in a day?

Are you on any form of medication? If so, please specify the name(s) and how long you have been taking the medication. Also give details, including dosages where possible, of all the vitamins and nutritional supplements used daily.

FOOD & DRINK

Write down all the food and drink (including snacks or sweets, even if it is only for taste) you consume on an average day. Say whether these foods or drinks were cooked, raw, processed, tinned, fresh or frozen. If you used any sauces, relishes or condiments, please say what they were.
Breakfast

Lunch

Dinner

What liquids do you drink on an average day?

Are you allergic to any food or drinks?

Do you crave any of the following?

☐ Sweet things ☐ Salty things ☐ Coffee ☐ Tea
☐ Alcohol ☐ Chocolate ☐ Nicotine ☐ Anything else …….

Are there any foods or drinks you find hard to digest?

Do you smoke? If so, how many daily?

Have you ever smoked? If so, for how long did you smoke?

Any operations?

Any accidents?

Do you exercise?

WOMEN ONLY

Do you have regular periods? Do you suffer with PMT?

DECLARATION

I confirm that the information i have given in this questionnaire is accurate to the best of my knowledge.

SIGNED …….. DATE …….