Salt Cave Halotherapy & Wellness Centre

11 / 326 Sunset Road, Windsor Park, North Shore, Auckland 0632, New Zealand.
Contact us: Phone: (+64) 9-3907886 Mobile: (+64) 220608886

Email: infosaltcavenz@gmail.com Website: www.saltcavenz.co.nz

Have you had a Colon Hydrotherapy before?

What therapies do you use regularly?

Please tick relevant issues:

Bloating	Irritability	Eczema	Asthma
Skin Issues	Autoimmune Disease	Depression/Anxiety	IBS
Lack of energy	Allergies	Headaches	Food Cravings
Mood swings	Yeasts/Candida	Food Intolerances	Menopause/PMS

Have children with ADHD/Autism/Allergies/Eczema/Asthma/Learning Disabilities

Have these conditions lasted:

Over 1 year 2-3 years 5 years or longer

Tick the statements that apply to your eating habits and lifestyle:

I eat animal fats	I eat broths/stock soup	I exercise	I eat meat
I drink raw milk/yogurt	I use probiotics	I eat organ meats	I eat fermented vegetables
I eat butter	I snack on sweets/chocolate	I eat quickly	I eat ready meals
I chew thoroughly	I have big meals after 8pm	I don't eat grains	I am satisfied after a meal

Please tick the bowel habits that apply to you:

1 movement a week	1 movement a day	Tend to have diarrhoea
2 movements a week	2 movements a day	Tend to have constipation
1 every other day	3 or more movements a day	Back and forth between diarrhoea and constipation

Please give a number on the scale of 1 – 10 the level of stress in the relevant areas of your life, 10 being the highest level of stress and conflict imaginable and 1 being the least and ideal level.

Workplace Personal Family Home School Other

Please check whether you have any of the following condition for which this treatment is contraindicated:

Severe cardiac disease	Active Fissures/fistulae	Severe anaemia	Recent colorectal surgery
Unmonitored high BP	Abdominal/inguinal hernia	GI haemorrhage/perforation	Pregnancy first trimester
Colorectal carcinoma	Renal insufficiency		

Please check if you have any of the following:

Cancer	Diabetes	Hepatitis	High blood pressure	
Heart disease	Seizures	Rheumatic fever	Thyroid disease	Other

Please add any information on operations/surgeries in the last five years:

Please list any medication and nutritional supplements you take on a daily basis:

How did you hear about us?

Health professional	Internet	Internet promotion	Letter box
Word of mouth/friend	Local business	Walked by	Other

I hereby give my consent for Colon Hydrotherapy to be performed upon myself. **Signature:** **Date:**