



Think well. Do well. Be well.

MINI CONSULTATION INTAKE FORM

DATE _____ WEIGHT _____ AGE _____ SEX _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____ May we contact you? YES NO

- YOUR PERSONAL INFORMATION IS COMPLETELY CONFIDENTIAL -

What is your current health issue? _____

PLEASE CHECK BELOW IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING:

NERVOUS SYSTEM

- Memory Loss
- Fatigue
- Depression
- Headaches
- Insomnia

DIGESTIVE/LIVER KIDNEYS

- Constipation Kidney
- Diarrhea Urinary Tract Infections
- Bloating Fainting Spells

METOBOLIC

- Problems Diabetes
- Extra Weight in Torso/Stomach
- Agitation/Low Functioning
- Lack of Appetite

HEART

- High Blood Pressure
- Low Blood Pressure
- Varicose Veins
- Heart Palpitations Skin
- High Cholesterol

SKIN

- Acne
- Eczema
- Psoriasis
- Rashes
- Skin Fungus

IMMUNE SYSTEM

- Frequent Cold or Flu
- Wounds Heal Slowly
- Frequent Cold Sores
- Swollen Lymph Nodes
- Cancer Asthma

RESPIRATORY

- Sinus Problems
- Smoker
- Lung Problems
- Airborne Allergies

WOMEN'S HEALTH

- Irregular PAP
- Fibroids
- Endometriosis
- Hot Flashes

MEN'S HEALTH

- Frequent Urination
- Reproductive Issues
- Prostate Problems
- Painful Urination

What would you rate your level of stress (0=no stress, 10=maximum stress)? _____

How many hours of sleep do you get on an average night? _____

How much water do you drink every day? _____

When was the last time you took antibiotics? _____

Food Allergies/Sensitivities YES NO If so, what are you allergic/sensitive to? _____

Have you ever done a fast or liver cleanse? YES NO If so, when? _____

List any medications you are currently taking _____

List any herbs or supplements you are currently taking _____

List any known allergies _____

Have you had any surgeries? _____

Anything else we should know? _____

RECOMMENDED FOLLOW UP

Complicated Health Issues: 1-2 Weeks Moderate Health Issues: 2-4 Weeks Healthy Follow Up: As Needed

PLEASE NOTE

We do not diagnose or prescribe. Our services are strictly educational, offering clients the tools to enhance their own wellbeing and help them make educated decisions about their own health care. Herbal therapeutics are not meant to replace medical diagnosis or treatment. If symptoms persist, please contact your doctor.

I understand and agree to the above terms.

CLIENT SIGNATURE

DATE