



Name _____
Address _____
City State/Zip _____

Cell Phone _____
Home Phone _____
Email _____
Birthday _____

Reason for Visit (Prioritized)

1. _____
2. _____
3. _____

Relief of what 3 Symptoms (See next page)

1. _____
2. _____
3. _____

Life Goals

Height _____ Weight _____ How many ounces of water do you drink daily? _____

What type? RO Tap Spring Distilled What other beverages daily do you drink and how many ounces of each? _____

What is your Blood Type? _____ What do you eat for Breakfast? _____

What do you eat for Lunch? _____ What do you eat for Supper? _____

How many digestive enzymes daily? _____ How many breathing exercises daily? _____ Do you use artificial sweeteners? Which ones? How often and in What? _____

Do you use a Dry Skin Brush daily? How often? _____

How much of the following do you consume? (Example, 1D = once daily, 3M = 3 times monthly)

Soda pop _____ Milk _____ Fermented Foods _____

Fast food _____ Meat _____ Alcoholic Bev _____

Fresh fruit _____ Smoking _____ Sugar usage _____

Coffee _____ White Flour _____ Whole Grains _____

Eggs _____ Raw Veggies _____ Dairy Products _____

What types of food do you crave? Salty Chocolate Sweets Breads

What are your favorite foods? _____

Which foods do you dislike the most and Why? _____

Symptoms and Areas of Concern (Check All that apply)

- Acne
 - ADD/ADHD
 - Adrenal Glands
 - Allergies
 - Alzheimer's Disease
 - Anemia
 - Anger
 - Anxiety
 - Appetite
 - Arteriosclerosis
 - Arthritis
 - Asthma
 - Back Pain
 - Bad Breath
 - Bed Wetting
 - Bell's Palsy
 - Bites
 - Bladder
 - Blood Pressure-High
 - Blood Pressure-Low
 - Boils
 - Bones
 - Breathing
 - Bronchitis
 - Bruises
 - Burns
 - Cancer
 - Candida
 - Canker Sores
 - Carpal Tunnel
 - Cataracts
 - Chest Congestion
 - Chest Pain
 - Cholesterol
 - Circulation
 - Cold-Common
 - Cold-Temperature
 - Colic
 - Colon
 - Constipation
 - Cough
 - Cravings
 - Dandruff
 - Depression
 - Diabetes
 - Diarrhea
 - Digestion
 - Dizzy Spells
 - Ear Infection
 - Ear Ringing
 - Edema
 - Emphysema
 - Epilepsy
 - Eyesight
 - Fatigue
 - Fever
 - Flu
 - Gallstones
 - Gangrene
 - Gas
 - Gout
 - Gums
 - Hair Issues
 - Headache
 - Heart Issues
 - Heartburn
 - Hemorrhoids
 - Herpes
 - Hiatal Hernia
 - Hives
 - Hormones
 - Hyperactive
 - Hypertension
 - Hyperthyroidism
 - Hypoglycemia
 - Impotence
 - Incontinence
 - Indigestion
 - Insomnia
 - Joint Pain
 - Kidney Issues
 - Laryngitis
 - Leprosy
 - Leukemia
 - Liver
 - Lung Issues
 - Lupus
 - Lymph Glands
 - Menopause
 - Menstrual Cramps
 - Migraines
 - Mononucleosis
 - Mucous
 - Nails
 - Nausea
 - Nervousness
 - Nose Bleeds
 - Parasites
 - Parkinson's Disease
 - Perspiration
 - PMS
 - Pneumonia
 - Polyps
 - Pregnancy
 - Prostate
 - Psoriasis
 - Rash
 - Reproductive
 - Respiratory
 - Rheumatism
 - Ring Worm
 - Seizures
 - Shingles
 - Sinus
 - Skin Issues
 - Snoring
 - Sore Throat
 - Stomach
 - Stress
 - Stroke
 - Sty
 - Teething
 - Tennis Elbow
 - Tonsillitis
 - Tumors
 - Ulcers
 - Urinary Infections
 - Varicose Veins
 - Vertigo
 - Weight-Overweight
 - Weight-Underweight
 - Yeast Infections
 - Other
-
-
-
-

Timing:

What is the first thing you do when you get up in the morning? _____

What time do you eat your first meal? _____ Last meal? _____ Which meal is your largest of the day? _____ Describe a typical "largest meal" _____

How much daily energy (1 = lowest energy level; 10 = highest) do you have? _____

How many hours of TV do you watch? Daily _____ Weekly _____

How many minutes/hours of screen time daily (Ipad, Phone/Social media) _____

How many hours of spiritual enrichment each week? (Bible, prayer, church, etc.) _____

How many hours a week do you spend with family/friends? _____

Movement:

Do you exercise/move/participate in fun sweaty activity? If so, what and how often? _____

Do you look forward to it? _____ How do you feel when you are finished? _____

Sleep:

What time do you go to bed? _____ How long do you sleep? _____

Do you wake often? _____ If so, why and at what time(s)? _____

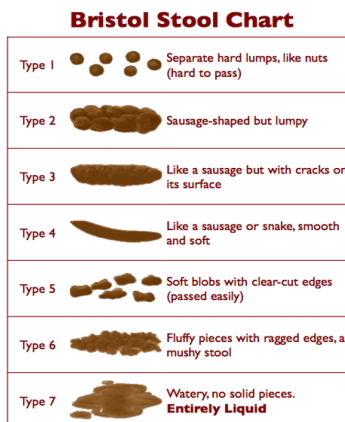
Do you feel rested when you wake up for the day? _____ Do you have pain when you first get up? _____ If so, where? _____

Does it go away upon moving? _____

Eliminations:

Do you have daily bowel eliminations? _____ If yes, how many per day? _____ If no, please describe your elimination pattern. _____

Please indicate the most descriptive number(s) of your elimination(s) using the Bristol Stool chart provided. BSC # _____ Color _____



Females:

Are you post-menopausal? _____ If yes, at what age did you enter menopause? _____

What were the characteristics of your menopausal experience? _____

Do you currently use Hormone Replacement (HRT) or Hormonally-based Contraception? _____

Are you now, or in the near future, planning to become pregnant? _____ Is your menstrual

cycle regular? _____ Longer than 28 days? _____ Shorter? _____ Is your flow longer or

shorter than 5 days? _____ Do you have cramps or

clotting? _____ Would you describe the color of your menses as more red, more purple, or more

brown? _____ Do you experience PMS,

cyclical headaches, or cravings? _____

Supplements/Medications:

Do you take any supplements? _____ If so, what, how often and why? _____

Do you take any OTC medications routinely (such as Aleve or Aspirin)? If so what and how often? _____

Do you take prescription medications (prescribed by a licensed medical professional?) If so what and how often? _____

Medical History:

Have you had any surgeries? If so, what and when? _____

Have you received any diagnoses from licensed medical professionals? If so, what and when? _____

Naturopathic History:

Have you ever been in consultation with a Natural Health Practitioner? If so, why? How long ago? _____

What was suggested? _____

Did you experience a good outcome? _____ What did you like about it? _____

What wasn't as successful for you? _____

Do you have regular adjustments with a chiropractor? _____

Do you have regular body work/massages? _____

Please check all with which you are familiar:

- Homeopathy
- Bach Flowers/flower remedies
- Probiotics
- Aromatherapy
- Muscle response testing
- Herbals
- Sports nutrition
- Enzymes

Would you like to receive our natural health newsletter? YES NO

Who referred you for your appointment today? _____

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health and this is a personal ministry and spiritual counseling.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health and do not involve the diagnosing, treatment, or prescribing of remedies for disease.

Signature _____

Date _____

Bach Flower Self-Help Questionnaire

Check all that apply. If you have to think about it, skip it. Don't limit your choices.

Agrimony

- I hide my feelings behind a facade of cheerfulness
- I dislike arguments and often give in to avoid conflict
- I turn to food, work, alcohol, drugs, etc. when down

Aspen

- I feel anxious without knowing why
- I have a secret fear that something bad will happen
- I wake up feeling anxious

Beech

- I get annoyed by the habits of others
- I focus on others' mistakes
- I am critical and intolerant

Centaury

- I often neglect my own needs to please
- I find it difficult to say "no"
- I tend to be easily influenced

Cerato

- I constantly second-guess myself
- I seek advice, mistrusting my own intuition
- I often change my mind out of confusion

Cherry Plum

- I'm afraid I might lose control of myself
- I have sudden fits of rage
- I feel like I'm going crazy

Chestnut Bud

- I make the same mistakes over and over
- I don't learn from my experience
- I keep repeating the same patterns

Chicory

- I need to be needed and want my loved ones close
- I feel unloved and unappreciated by my family
- I easily feel slighted and hurt

Clematis

- I often feel spacey and absent minded
- I find myself unable to concentrate for long
- I get drowsy and sleep more than necessary

Crab Apple

- I am overly concerned with cleanliness
- I feel unclean or physically unattractive
- I tend to obsess over little things

Elm

- I feel overwhelmed by my responsibilities
- I don't cope well under pressure
- I have temporarily lost my self-confidence

Gentian

- I become discouraged with small setbacks
- I am easily disheartened when faced with difficulties
- I am often skeptical and pessimistic

Gorse

- I feel hopeless, and can't see a way out
- I lack faith that things could get better in my life
- I feel sullen and depressed

Heather

- I am obsessed with my own troubles
- I dislike being alone and I like to talk
- I usually bring conversations back to myself

Holly

- I am suspicious of others
- I feel discontented and unhappy
- I am fully of jealousy, mistrust, or hate

Honeysuckle

- I'm often homesick for the "way it was"
- I think more about the past than the present
- I often think about what might have been

Hornbeam

- I often feel too tired to face the day ahead
- I feel mentally exhausted
- I tend to put things off

Impatiens

- I find it hard to wait for things
- I am impatient and irritable
- I prefer to work alone

Larch

- I lack self-confidence
- I feel inferior and often become discouraged
- I never expect anything but failure

Mimulus

- I am afraid of things such as spiders, illness, etc.
- I am shy, overly sensitive, and modest
- I get nervous and embarrassed

Mustard

- I get depressed without any reason
- I feel my moods swinging back and forth
- I get gloomy feelings that come and go

Oak

- I tend to overwork and keep on in spite of exhaustion
- I have a strong sense of duty and never give up
- I neglect my own needs in order to complete a task

Olive

- I feel completely exhausted, physically, and/or mentally
- I am totally drained of all energy with no reserves left
- I've just been through a long period of illness or stress

Pine

- I feel unworthy and inferior
- I often feel guilty
- I blame myself for everything that goes wrong

Red Chestnut

- I'm overly concerned and worried about my loved ones
- I'm distressed and disturbed by other people's problems
- I worry that harm may come to those I love

Rock Rose

- I sometimes feel terror and panic
- I become helpless and frozen when afraid
- I worry that harm may come to those I love

Rock Water

- I set high standards for myself
- I am strict with my health, work&/or spiritual discipline
- I am very self-disciplined, always striving for perfection

Scleranthus

- I find it difficult to make decisions
- I often change my opinions
- I have intense mood swings

Star of Bethlehem

- I feel devastated due to a recent shock
- I am withdrawn due to traumatic events in my

life

- I have never recovered from loss or fright

Sweet Chestnut

- I feel extreme mental or emotional heartache
- I have reached the limits of my endurance
- I am in complete despair, all hope gone

Vervain

- I get high-strung and very intense
- I try to convince others of my way of thinking
- I am sensitive to injustice, almost fanatical

Vine

- I tend to take charge of projects, situations, etc.
- I consider myself a natural leader
- I am strong-willed, ambitious, and often bossy

Walnut

- I'm experiencing change in life-a move, new job, etc.
- I get drained by people or situations
- I want to be free to follow my own ambitions

Water Violet

- I give the impression that I'm aloof
- I prefer to be alone when overwhelmed
- I often don't connect to with people

White Chestnut

- I am constantly thinking unwanted thoughts
- I repeatedly relive unhappy events or arguments
- I'm unable to sleep at times because I can't stop thinking

Wild Oat

- I can't find my path in life
- I am drifting in life and lack direction
- I am ambitious but don't know what to do

Wild Rose

- I am apathetic and resigned to whatever happens
- I have the attitude, "It doesn't matter anyhow"
- I feel no joy in life

Willow

- I feel resentful and bitter
- I have difficulty forgiving and forgetting
- I think life is unfair and have a "Poor me attitude"

Determining Your Custom Remedy

After completing the questionnaire, circle the remedy names where two or more checks appear to determine which remedies are needed. Try to limit the number of remedies to six or fewer by choosing only the ones that are needed.

Human Body Needs

- Good Air
- Good Food
- Good Water
- Digestion
- Elimination (BULLS)
 - Bowels
 - Urinary
 - Lungs
 - Lymph
 - Skin
- Balanced pH
- Hygiene
- Exercise
- Good Sleep
- Emotional Balance
- Spiritual Balance
- Structural Balance
- External Influence
- Always a Positive Attitude
- Willingness to Always Learn and Grow

REMEMBER:

*By what YOU choose to put into your body (Food, Water, Positive/Negative Energies...) YOU are choosing to feed either your **HEALTH** or your **DISease**.*

Write that on a Post it and post it all over your house.

For Practitioner Use Only:

pH Levels

Sugars _____

Urine pH _____

Saliva pH _____

Salts _____

Cell Debris _____

Nit Nit _____

Amm Nit _____

Total Ureas _____

Eye Photo

Tongue Photo

Nail Photo

Face Photo

MRT Points to check: