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 **Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Intake Form**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone (best)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for visit (prioritized):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutritional data:**

How many ounces of water/day? \_\_\_\_\_\_\_\_\_ What kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other beverages and how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use artificial sweeteners?\_\_\_\_\_ If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often and in what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat breakfast? \_\_\_\_\_\_\_\_ If so, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much per week of these:

Fresh fruit \_\_\_\_\_\_\_\_\_\_\_Raw vegetables \_\_\_\_\_\_\_\_\_\_\_\_\_Fermented foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fast foods \_\_\_\_\_\_\_\_\_\_\_Meat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eggs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dairy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you crave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foods do you dislike the most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of cravings do you have?

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all…Have you received any diagnoses (including allergies) from a licensed medical professional? If so, what and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Naturopathic history:**

Have you ever been in consultation with a naturopath? 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

I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food supplements and herbs as a guide to general good health. I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purpose 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 often have nightmares

**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.

**pH Levels**

Sugars\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urine pH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saliva pH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Debris\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nit Nit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amm Nit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Ureas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eye Photo**

**Nail Photo**

**Tongue Photo**

**Face Photo**

**MRT Points to check:**