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PATIENT INTAKE FORM

NAME: _____

I have read and understand this form and acknowledge that the purposes, goals, techniques, procedures, limitations, potential risks and benefits of the service(s) to be performed have been explained to me. I understand my health information will be used and disclosed consistent with this Notice, and that I have the right to request restrictions on certain uses and disclosures of my health information. Further, I have had the opportunity to ask my practitioner questions regarding the proposed services, this consent form, and other pertinent information, including questions about him or her, and have received satisfactory explanations. I understand that I am free to discontinue service(s) at any time.

Email _____

Address _____

City, State Zip _____

Phone _____ Birthdate _____ Age _____

MAIN REASON FOR VISIT

PLEASE LIST ALL PHYSICIANS, DIAGNOSIS, MEDICATIONS, AND/OR VITAMINS AND SUPPLEMENTS YOU ARE CURRENTLY TAKING.

Physician Name	Diagnosis	Medication/Dosage	Supplements/Vitamins

COVID

Have you had COVID? Yes_____ No _____. If yes, date _____

Have you had the COVID Vaccine? Yes_____ No _____. If yes, date. _____

Have you had any COVID Boosters? Yes _____ No _____. If so, how many and dates?

_____ _____. _____

Discovering Your Personal Constitution

Please check the statement that feels true to you:

Hot

- [ ] I tend to feel warmer than others
- [ ] i tend to have a loud voice
- [ ] My entire face tends to be bright red
- [ ] my tongue tends to be bright red
- [ ] i have lots of opinions and I am not afraid to share them
- [ ] I prefer cold weather.
- [ ] I feel hot or have a high fever
- [ ] I am very thirsty.
- [ ] My sleep is restless.
- [ ] My tongue is bright red possibly with a yellow coating.
- [ ] My face is red and flushed.
- [ ] I dislike hot temperatures and crave coolness.
- [ ] I am restless and/or irritable.
- [ ] I have red eyes.
- [ ] I have yellow discharges (e.g. mucus)
- [ ] I have strong odors
- [ ] I have a strong appetite.

Total number of checks:

Cold

- [ ] I have a pale face, lips and/or tongue.
- [ ] I tend to feel colder than others.
- [ ] I tend to have a quiet voice.
- [ ] My face, lips and/or tongue tends to be pale.
- [ ] I often feel like I have low energy levels.
- [ ] I strongly dislike cold temperatures and prefer
- [ ] I feel fatigued or lethargic.
- [ ] I prefer warm weather.
- [ ] I have white or clear discharges (e.g. mucus).
- [ ] i have loose stools or undigested food in stool.
- [ ] i have a poor appetite.

Total number of checks:

Damp

- [ ] I tend to sweat more easily than others.
- [ ] I often have a runny nose
- [ ] I tend to sweat more easily than others.
- [ ] My arms ad legs can feel heavy
- [ ] I tend to have a thick coating on my tongue
- [ ] My skin and hair are often oily.
- [ ] I prefer dry climates and don't like humidity
- [ ] I have excess,ear wax
- [ ] I have nausea
- [ ] My arms and legs feel heavy
- [ ] I have edema
- [ ] My chest feels full or congested
- [ ] I feel sluggish

Total number of checks:

Dry

- [ ] My skin tends to be rough and dry.
- [ ] I often have a dry throat, nose and/or mouth.
- [ ] It's hard for me to stay hydrated
- [ ] My hair tends to be dry
- [ ] I often have itchy skin or scalp
- [ ] My tongue does not usually have a coating.
- [ ] I have hot flashes or night sweats.
- [ ] I am unusually thirsty
- [ ] I am constipated with dry stools.
- [ ] My tongue looks cracked and dry

Total number of checks:

Immune System

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Allergies			Immunodeficiency		
Autoimmune Disorders			Infections		
Celiac			Lupus		
Chronic Fatigue			Mononucleosis		
Cushing's Disease			Rheumatoid Arthritis		
Enlarged Spleen			Sore Throats		
Grave's Disease			White Blood Cell Counts		
Hashimoto's Thyroiditis			Other		
Heal Slowly			Other		

Additional Notes About Immune System

Digestion

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Anorexia			Hemorrhoids		
Belching			Indigestion		
Bulimia			Irritable Bowel Syndrome		
Crohn's Disease			Large Appetite		
Constipation			Liver Problems		
Diarrhea			Low Appetite		
Diverticulitis			Nausea		
Dysentary			Pain After Eating		
Eating Disorder			Parasites		
Enlarged Spleen			Stomach Aches		
Flatulence			Sudden Weight Change		
Food Unappetizing			Ulcers		
Gallstones			Ulcerative Colitis		
Grave's Disease			Vomitting		
Hashimoto's Thyroiditis			Other		
Heal Slowly			Other		
Heartburn			Other		

Additional Notes About Digestion System

Body Temperature

Please use the matrix below to help me understand your current and/or past.

	Hot	Cold		Hot	Cold
Hands			Legs		
Palms			Feet		
General Body			Head		
Arms			Chest		
Fingers			Stomach		

	Yes	No
Do you hate it when it is cold out?		
Do you hate it when it is hot out?		
Are you always cold?		
Are you always hot?		

Additional notes about body temperature

Mouth and Throat

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Canker Sores			Oral Herpes		
Cavities			Painful/Tight Jaw		
Constant Dryness			Receding Gums		
Difficulty Swallowing			Sinus Problems		
Excess Saliva			Sore Gums		
Excess Mucous			Sore Throat		
Lip Sores			Swollen Glands		
Loose Teeth			White Coating on Tongue		
Mouth Sores			Other		

Additional notes about mouth and throat

Urinary Tract

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Bloating			Lower Back Pain		
Blood in urine			Strong Smelling Urine		
Frequent urge to urinate			Urinary Tract Infection		
Kidney/Bladder Stones			Water Retention		
Kidney Pain			Other		

After you urinate, does it fee like you still have to go?

Have you ever had a urinary tract infection?

Additional notes about urinary tract

Cardiovascular

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Angina			Low Blood Pressure		
Irregular Heartbeat			Fast Heart Beat (Tachycardia)		
Arteriosclerosis			Heart Attack (Myocardial Infraction)		
Blood Clotting Disorder			Heart Flutter		
Bruise Easily			Mitral Valve Prolapse		
Bleed Easily			Palpitation		
Capillary Fragility			Pericarditis		
Chest Pains			Poor Circulation		
Congenital Deformities			Rheumatic Fever		
Congestive Heart Failure			Slow Heart Beat (Bracycardia)		
Edema			Stroke		
Heart Irregularities			Varicose Veins		
Heart Murmur			Other		
High Blood Pressure					

Additional notes about cardiovascular

Respiratory

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Asthma			Respiratory Inflammation		
Bronchitus			Runny Nose		
Chest Pain			Shortness of Breath		
Common Cold			Sneezing		
Coughing			Stuffy Nose		
Difficulty Smelling			Tight Around Lungs		
Flu			Trouble Breathing In		
Fluid in Lungs			Trouble Breathing Out		
Hay Fever			Wheezing		
Laryngitis			Tuberculosis		
Pleuritis			Other		

Additional notes about respiratory

Reproductive Health

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Bacterial Vaginosis			Miscarriage		
Benign Prostatic			Painful Ejaculation		
Blood in Semen			Painful Intercourse		
Blood in Urine			Painful Prostate		
Breast Pain			Painful to Urinate		
Cervical Dysplasia			Pelvic Inflammatory Disease		
Cysts			Penis Pain		
Difficulty getting urine			Prostate Pain		
Dribbling			Testicle Pain		
Endometriosis			Tumors		
Erectile Dysfunction			Unusual PAP		
Fibroids			Vaginal Discharge		
Frequent Urination			Vaginal Dryness		
Impotence			Vaginal Infection		
Infertility			Vaginitis		
			Other		

Additional notes about reproductive health

Nervous System and Health

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
Anxiousness			Memory Loss		
Bipolar			Nervousness		
Butterflies in Stomach			Numbness		
Cannot Stay Asleep			Pain		
Constant Feeling of Stress			Panic Attacks		
Diminished Taste			Dramatic Seasonal Emotional Chanaes		
Depression			Sudden Mood Swings		
Fear of Facing New Day			Trouble Falling Asleep		
Fluctuating Vision			Mental Disorder		
Hard to Concentrate			Schizophrenia		
Involuntary Spasms			Twitching		
Mania			Worsening Coordination		
			Other		

Additional notes about nervous system

Headaches

Please use the matrix below to help me understand your current and/or past.

Do you suffer from headaches? Describe

Where are your headaches located?

Bowel Movemements

Please use the matrix below to help me understand your current and/or past.

Is it difficult to have a bowel movement?

Do your BM's tend to be loose?

Do your BM's tend to be hard?

Are you constipated?

Do you have a BM daily?

Sexual and Reproductive Health

Please use the matrix below to help me understand your current and/or past.

	Current	Past		Current	Past
AIDS			Herpes		
Candida			HIV		
Chlamydia			Human Papilloma Virus		
Crabs/Lice			Syphillis		
Gardnerella			Trichomonas		
Genital Warts			Urethritis		
Gonorrhea			Other		

Additional notes about sexual and reproductive Health

Pregnancy

Please use the matrix below to help me understand your current and/or past.

Are you pregnant?

Are you planning to become pregnant in near future?

Are you breastfeeding?

Menstrual Cycle

Please use the matrix below to help me understand your current and/or past.

How many days is your cycle?

	Current	Past		Current	Past
Acne or skin changes			Dark colored flow		
Bleeding between			Heavy flow		
Bloating			Scanty flow		
Painful mensus			Slow flow		
Bright red flow			Other		
Clots					

Additional notes about sexual and reproductive Health

Nutritional Deficiencies Symptoms

Please check all the symptoms that have applied to you over the past recent weeks.

Acne	EFA, Vitamin A, Vitamin B6, Zinc
Agitation	Calcium, Magnesium
Alopecia (hair loss)	Copper, EFA, Riboflavin, Vitamin B6, Zinc
Anemia	Copper, Iron, Magnesium, Vitamin B6
Anemia (megoblastic)	Folate
Anorexia (poor appetite)	Folate, Iron, Magnesium, Niacin, Thiamine, Vitamin B6, Zinc
Anxiety	Calcium, Chromium, EFA, Excess Alcohol, Excess Caffeine, Sugar, Magnesium, Niacin, Pyridoxine, Thiamine
Apathy	Folate, Zinc
Brittle Nails	Niacin
Canker Sores	Niacin
Cognitive Impairment	Calcium, Potassium
Cold Hands and Feet	Magnesium
Cold, Sensitivity To	Iron
Constipation	Folate, Iron, Potassium, Thiamine, Vitamin B12
Delusions	Calcium
Depression	Calcium, Copper, Excess Caffeine, Excess Sugar, Folic Acid, Iron, Magnesium, Niacin, Potassium, Riboflavin, Rubidium, Thiamine, Vitamin B12, Vitamin B6, Vitamin C, Zinc
Diarrhea	EFA, Niacin, Vitamin D, Zinc
Disorientation	Magnesium
Dizziness	Iron, Riboflavin, Vitamin B12, Vitamin B6
Eczema	EFA, Calcium, Zinc
Edema (Swelling, water	Magnesium, Potassium
Fatigue	Chromium, Copper, Excess Caffeine, Excess Sugar, Folate, Iron, Magnesium, Niacin, Potassium, Thiamine, Vitamin A, Vitamin B12, Vitamin B6, Vitamin C, Vitamin E, Zinc
Gallstones	EFA
Gums, Bleeding	Vitamin C
Hair, Dry	EFA, Vitamin A
Hallucinations	Magnesium
Headache	Folate, Iron, Vitamin B12, Niacin
Hyperactivity	Calcium, Copper, Iron, Magnesium, Niacin, Pyridoxine, Thiamine, Zinc
High Cholesterol	Chromium, Copper, Potassium, Selenium, Zinc

	Hypertension (High BP)	Calcium, Magnesium, Potassium
	Hypotension (Low BP)	Magnesium, Potassium
	Immunodepression	Copper, EFA, Folic Acid, Iodine, Iron, Magnesium, Pantothenic Acid, Riboflavin, Selenium, Vitamin A, Vitamin B12, Vitamin B6, Vitamin C, Vitamin E, Zinc
	Impotence	Zinc
	Infertility (Male or	EFA
	Infertility (Male)	Zinc
	Insomnia	Calcium, Copper, Folate, Iron, Magnesium, Niacin, Thiamine, Vitamin B12, Vitamin B6, Vitamin C
	Irritability	Calcium, Excess Sugar, Iron, Lithium, Magnesium, Niacin, Thiamine, Vitamin B12, Vitamin B6, Vitamin C
	Kidney Stones	Magnesium
	Legs, Restless	Folate, Calcium, Magnesium
	Lethargy	Zinc
	Memory, Poor	Folate, Niacin, Thiamine, Zinc
	Mental Confusion	Iron, Magnesium, NIacin, Thiamine
	Muscle Cramps	Calcium, Magnesium
	Muscle Pain	Magnesium
	Muscle Spasm	Calcium
	Muscle Tension	Calcium
	Muscle Tremor	Magnesium
	Muscle Weakness	Magnesium, Niacin, Potassium
	Nausea	Magnesium, Niacin, Vitamin B6
	Nervousness	Calcium, Magnesium, Potassium, Thiamine, Vitamin B6, Vitamin D
	Numbness of Limbs	Calcium, Thiamine, Vitamin B12
	Palpitations	Calcium, Iron, Vitamin B12
	Paranoia	Folate, Zinc
	Parasthesia (nerve	Calcium, Magnesium
	Periodontal Disease	Calcium
	Skin Inflammation	Niacin, Riboflavin
	Startle Reflex	Magnesium
	Teeth, Loose	Vitamin C
	Teeth, Decay	Calcium
	Vertigo (Dizziness)	Magnesium
	Vision, Blurred	Riboflavin
	Vision, Night Blindness	Vitamin A
	Weakness	Copper, Folate, Thiamine, Vitamin B6
	Wound Healing, Slow	Vitamin C, Zinc, EFA, Vitamin B6

No part of this is intended to diagnose, treat, or cure any illness. Anything discussed during our session is not to be construed as medical advice; I am not a doctor.

Please discuss your personal health, including any options or ideas you may read on the internet, or willow-healing.com, with your personal, qualified health practitioner before making changes to your diet or adjusting/discontinuing any medication.

Willow Healing is not responsible for any adverse outcomes associated with using or misconstruing advice or information.

I certify that the above information is true to the best of my ability.

Sign Name _____ Date _____

Nutritional Deficiencies Worksheet

DO NOT COMPLETE THIS SECTION

Calcium

Chromium

Copper

EFA

Excess Caffeine

Excess Sugar

Excess Alcohol

Folate

Folic Acid

Iodine

Iron

Lithium

Magnesium

Niacin

Pantothenic Acid

Potassium

Pyridoxine

Riboflavin

Rubidium

Selenium

Thiamine

Vitamin A

Vitamin B6

Vitamin B12

Vitamin C

Vitamin D

Vitamin E

Zinc