



Foundational Wellness ~ Intake Data

Name _____ Age _____ Date: _____

Address _____

Telephone (best) _____ Email _____

Emergency Contact _____

Reason for visit (prioritized):

1. _____

2. _____

3. _____

Height _____ Weight _____

Nutritional data:

How many ounces of water/day? _____ What kind? RO Tap Spring Distilled

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? Salty Chocolate Sweets Breads

What foods do you dislike the most? _____

Why? _____

What are your favorite foods? _____

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? _____

Social:

How many hours of TV do you watch daily? _____

How many hours of "you time" do you spend each day? (prayer, meditation, naps, church, reading, study, etc.) _____

How many hours a week do you spend with Family/Friends? _____ Social? _____ Obligations? _____

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? _____

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








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 _____

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

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 (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

Symptoms, Medical Diagnoses (by a licensed medical practitioner) and/or Areas of Concern:

(circle or underline all that apply)

Acne	Circulation	Hiatal Hernia	Pneumonia
ADD/ADHD	Cold - Common	Hives	Polyps
Adrenal Glands	Cold - Temperature	Hormones	Pregnancy
Allergies	Colic	Hyperactive	Prostate
Alzheimer's Disease	Colon	Hypertension	Psoriasis
Anemia	Constipation	Hyperthyroidism	Rash
Anger	Cough	Hypoglycemia	Reproductive
Anxiety	Cravings	Impotence	Respiratory
Appetite	Dandruff	Incontinence	Rheumatism
Arteriosclerosis	Depression	Indigestion	Ringworm
Arthritis	Diabetes	Insomnia	Seizures
Asthma	Diarrhea	Joint Pain	Shingles
Back Pain	Digestion	Kidney Issues	Sinus
Bad Breath	Dizzy Spells	Kidney Stones	Skin Issues
Bed Wetting	Ear Infection	Laryngitis	Snoring
Bell's Palsy	Ear Ringing	Leprosy	Sore Throat
Bites	Edema	Leukemia	Stomach

Symptoms, Medical Diagnoses (by a licensed medical practitioner) and/or Areas of Concern:

(circle or underline all that apply)

Bladder	Emphysema	Liver Stress	Stroke
Blood Pressure - High	Epilepsy	Lung Issues	Sty
Blood Pressure - Low	Eyesight	Lupus	Teething
Boils	Fatigue	Lymph Glands	Tennis Elbow
Bones	Fever	Menopause	Tonsillitis
Breathing	Flu	Menstrual Cramps	Tumors
Bronchitis	Gallstones	Migraines	Ulcers
Bruises	Gangrene	Mononucleosis	Urinary Infections
Burns	Gas	Mucous	Varicose Veins
Cancer	Gout	Nails	Vertigo
Candida	Gums	Nausea	Weight - Overweight
Canker Sores	Hair Issues	Nervousness	Weight - Underweight
Carpal Tunnel	Headache	Nose Bleeds	Yeast Infections
Cataracts	Heart Issues	Parasites	
Chest Congestion	Heartburn	Parkinson's Disease	OTHER: _____
Chest Pain	Hemorrhoids	Perspiration	_____
Cholesterol	Herpes	PMS	_____

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, and this is a personal consultation. 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.
