



Flower Essence Consultation Client Intake Form

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Please complete this form to the level you feel most comfortable sharing. Please understand that all information shared, be it written or spoken, will be held with the highest level of confidentiality and will not be shared with others.

Name: _____ Residing City/State: _____

Telephone #: _____ Email Address: _____

Prior experience with Flower Essences (circle one): None I've dabbled but want to learn more I use them often

Rate your typical stress level from 1-10, 1 = none, 10 = extreme: 1 2 3 4 5 6 7 8 9 10

Tell me a bit about your working situation: _____

Tell me a bit about your family: _____

Tell me about your hobbies/interests: _____

Tell me about any acute physical and/or emotional issues you are currently working through (within the last 2 months): _____

Tell me about any chronic physical and/or emotional issues you have experienced (6 months or longer): _____

What other therapies/medications have you looked to in hopes of relief? _____

What is your main reason for today's visit? _____

Tell me about your spiritual/religious/meditation practices: _____

This consultation, the information shared and the recommendations made are not a replacement for professional medical advice or medication. Please consult your physician for professional medical advice.

FE chosen: _____

Dosaging: _____

Administration method: _____ Menstruum: _____ Notes: _____

Practitioner Use Only

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