

New Client Intake

Please bring this with you, completed as much as possible. Thanks!

Name:

Birthdate:

Address:

Telephone:

Best way to contact you:

Today's Date:

Gender and pronoun:

Email:

What are your primary goals in working with an herbalist?

- 1.
- 2.
- 3.

What health related issues do you have / have you had in the past?

Please list any other practitioners you are currently working with:

Current Medications (over the counter and prescription)

Medication	Dosage/Frequency/Taking How long?	Reason for Taking?

Current supplements / herbs / vitamins

Supplement (including brand)	Dosage/Frequency/Taking how long?	Reason for Taking?

Family Health History

Alive/Deceased

Present health or cause of death

Father:

Mother:

Brother(s):

Sister(s):

Children: (ages):

Have you or any blood relatives had the following?

circle ones for you, underline for your blood relatives

Allergy/Asthma

Headaches/Migraines

Obesity

Arthritis

Heart Disease

Stroke

Bleeding/Clotting Disorder

High Blood Pressure

Substance Abuse

Cancer: (type)

Kidney Disease

Thyroid Disease

Diabetes

Liver Disease

Tuberculosis

Diet: Please indicate how frequently (never, daily, weekly, monthly)

Dairy

Beans

Eggs

Soft Drinks

Soy products

Alcohol

Margarine

Fish

Fried Foods

Butter

Chicken/Turkey

Tobacco

Nuts/Seeds

Vegetables

Coffee

Fruits

Red Meats

Bakery Goods

Greens (Kale/Collards)

Chips/Crackers

Do you ever follow or have you followed a restricted diet? which one(s)?

List any foods you are allergic to or sensitive to:

General Health Questions:

Passions/Interests:

Occupation:

How long?

Previous Occupations:

Allergic or sensitive to any substances: (medications? pollen?)

Have you had any surgeries?

Describe any complications:

Any lengthy exposure to environmental toxins?

Highest weight as an adult:

Year:

Lowest weight as an adult:

Year:

Typical hours per day watching TV:

On the computer:

Exercise (type/frequency/how long):

Typical Bedtime:

Typical Hours of Sleep/Night:

Do you wake feeling rested?

Are you now pregnant?

Currently breastfeeding?

If not, are you actively trying to conceive?

For how long?

****If you discover that you are pregnant during our work together, please discontinue all herbs until we can discuss whether your recommendations need to be modified****

On a scale from 1-10, how stressful is work:

health status:

family/social status:

Are you satisfied with your energy levels?

What are your predominant emotions these days?

Please circle anything you have experienced in the past year. If it's been longer than a year, mark with "P"

Abnormal Pap	Frequent Cold Sores	Nausea	Sinus Infections
Bruise easily	Frequent Diarrhia	Night sweats	Shingles
Breast lumps/fibroids	Frequent Gas	Nose Bleeds	Skin rash
Chemical sensitivity	Gum problems	Numbness	Swollen glands
Chest Pains	Hearing Issues	Ovarian Cysts/PCOS	Tinnitus (ringing ears)
Chronic Fatigue	Heart Palpitations	Painful intercourse	Ulcers
Depression	Heartburn/GERD	Phobias	Urinary tract infection
Digestive issues	Hysterectomy/oophorectomy	Prostate Issues	Uterine fibroids
Earaches	Incontinence	Poor concentration	Vaginal dryness
Eczema/psoriasis	Low Libido	Respiratory issues	Vasectomy
Endometriosis	Lyme Disease	Sexually transmitted infection	
Fainting	Memory loss	Seizures	

Please list any major events in the last 10 years (or further back if it seems significant) that affected your health (mental or physical). Ex: births, deaths, break-ups, moves, accidents, job changes, illnesses

Anything else you'd like to mention related to your health and well-being