INTAKE FORM

Name: _____Date: _____

Name:_____ Age:_____

Address: _____

_____

Telephone (best):_____Email: _____

☐ Please add me to your email list for information updates.

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: _____ Grains: _____

What do you crave? _____

What foods do you dislike the most? _____

Why? _____

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? _____

INTAKE FORM
Name: _____Date: _____

_____

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?_____
What do you do before going to bed? _____
Do you wake often during the night? _____
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: _____
Frequency:_____

Spiritual Health:
Do you regularly spend time on spiritual growth? _____
If so, what do you do and how often?_____

_____

_____

Females:
When was your last menses?_____
If post-menopausal, at what age did you enter menopause? _____
What were the characteristics of your menopausal experience? _____

_____

Do you currently use Hormone replacement therapy (HRT)? _____
Do you currently use 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? _____

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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 from licensed medical professionals? 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? _____

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Symptoms and Areas of Concern (check all that apply)

- [ ] Acne
- [ ] ADD/ADHD
- [ ] Adrenal Glands
- [ ] Allergies
- [ ] Alzheimer's Disease
- [ ] Anemia
- [ ] Anger
- [ ] Anxiety
- [ ] Appetite
- [ ] Arteriosclerosis
- [ ] Arthritis
- [ ] Asthma
- [ ] Back Pain
- [ ] Bad Breath
- [ ] Bed Wetting
- [ ] Bell's Palsy
- [ ] Bites
- [ ] Bladder
- [ ] Blood Pressure - High
- [ ] Blood Pressure - Low
- [ ] Boils
- [ ] Bones
- [ ] Breathing
- [ ] Bronchitis
- [ ] Bruises
- [ ] Burns
- [ ] Cancer
- [ ] Candida
- [ ] Canker Sores
- [ ] Carpal Tunnel
- [ ] Cataracts
- [ ] Chest Congestion
- [ ] Chest Pain
- [ ] Cholesterol
- [ ] Circulation
- [ ] Cold - Common
- [ ] Cold - Temperature
- [ ] Colic
- [ ] Colon
- [ ] Constipation
- [ ] Cough
- [ ] Cravings
- [ ] Dandruff
- [ ] Depression
- [ ] Diabetes
- [ ] Diarrhea
- [ ] Digestion
- [ ] Dizzy Spells
- [ ] Ear Infection
- [ ] Ear Ringing
- [ ] Edema
- [ ] Emphysema
- [ ] Epilepsy
- [ ] Eyesight
- [ ] Fatigue
- [ ] Fever
- [ ] Flu
- [ ] Gallstones
- [ ] Gangrene
- [ ] Gas
- [ ] Gout
- [ ] Gums
- [ ] Hair Issues
- [ ] Headache
- [ ] Heart Issues
- [ ] Heartburn
- [ ] Hemorrhoids
- [ ] Herpes
- [ ] Hiatal Hernia
- [ ] Hives
- [ ] Hormones
- [ ] Hyperactive
- [ ] Hypertension
- [ ] Hyperthyroidism
- [ ] Hypoglycemia
- [ ] Impotence
- [ ] Incontinence
- [ ] Indigestion
- [ ] Insomnia
- [ ] Joint Pain
- [ ] Kidney Issues
- [ ] Kidney Stones
- [ ] Laryngitis
- [ ] Leprosy
- [ ] Leukemia
- [ ] Liver
- [ ] Lung Issues
- [ ] Lupus
- [ ] Lymph Glands
- [ ] Menopause
- [ ] Menstrual Cramps
- [ ] Migraines
- [ ] Mononucleosis
- [ ] Mucous
- [ ] Nails
- [ ] Nausea
- [ ] Nervousness
- [ ] Nose Bleeds
- [ ] Parasites
- [ ] Parkinson's Disease
- [ ] Perspiration
- [ ] PMS
- [ ] Pneumonia
- [ ] Polyps
- [ ] Pregnancy
- [ ] Prostate
- [ ] Psoriasis
- [ ] Rash
- [ ] Reproductive
- [ ] Respiratory
- [ ] Rheumatism
- [ ] Ring worm
- [ ] Seizures
- [ ] Shingles
- [ ] Sinus
- [ ] Skin Issues
- [ ] Snoring
- [ ] Sore Throat
- [ ] Stomach
- [ ] Stress
- [ ] Stroke
- [ ] Sty
- [ ] Teething
- [ ] Tennis Elbow
- [ ] Tonsillitis
- [ ] Tumors
- [ ] Ulcers
- [ ] Urinary Infections
- [ ] Varicose Veins
- [ ] Vertigo
- [ ] Weight - Overweight
- [ ] Weight - Underweight
- [ ] Yeast Infections
- [ ] OTHER:

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I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food, supplements, herbs and energy flow as a guide to general good health, and this is a personal ministry and spiritual counseling. 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 nutrition and energy 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

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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

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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 worry that harm may come to those I love

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

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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 <u>two or more checks appear</u> to determine which remedies are needed.

Try to limit the number of remedies to <u>six or fewer</u> by choosing only the ones that are needed.