# Health Consultation

## TAKING CHARGE OF YOUR HEALTH

Restoration of your health is a cooperative process between you, the client, and your health care practitioner. After the consultation, your **active** participation is critical to your success.

### MY RESPONSIBILITY

During your consultation, I will interpret your intake, health history and assess results from lab work. With this information and my knowledge and experience, I will recommend an herb and supplement program to strengthen your body systems. My responsibility is to give you the best program possible. Because every person's body is different, it is not always possible give the perfect program the first time. By reviewing your body's response and making any necessary changes to your program, I will be able to help you meet your health goals. This will require you doing your part.

### YOUR RESPONSIBILITY

Your role is to participate in this process. Although positive thoughts have been shown to improve health, you do not have to believe that herbs can help you feel better. All you have to do is take them, and do the following three things.

**1**. **You must stay in communication.** If you have *important* questions, call me at (225) 647-6879. If you are experiencing any symptoms (nausea, diarrhea, vomiting, constipation, flu symptoms, dizziness, headache), it is important to call me. It is my goal to give you a program that supports healing without unnecessary symptoms, but, if you have symptoms, do not take over-the-counter remedies, call me. (*See section on "Healing Crisis*.") My voice mail is always available and I will call you back as quickly as I can.

**2. You must follow the program that you have chosen to the best of your ability.** The healing process is slow and gradual. Your *continued* participation is more important than a dramatic change that only lasts a week or two. The first hurdle is to establish a habit of taking the herbs daily. The second hurdle is to learn to plan ahead and order herbs *before* you run out. If money is an issue, ask me about discounts.

**3. You must listen to your body and learn what heals and what does not.** Often we get sick because our attention is on everything in our life but our health. We have forgotten to take care of our body. If you have symptoms, your body needs attention. It does no good to come in to see me, like bring your car to the mechanic, and ask me to, "Fix it!" You're the reason you're not feeling well and you can best determine your path to health. I am a resource. I can teach you and give you information. ***The choices and the responsibility are yours.***

You must learn to listen to your body. You must respond to its needs for rest and proper nutrition. Become a cooperative partner in your life. Many of us have had times when our body felt like a piece of baggage that we had to drag around. At these times it may have felt that your body was an enemy. Nourishing your body will help you overcome these feelings.

### HEALING CRISIS

This describes the process that the body goes through when the blood is pure and full of nutrition, circulation is improved and there is proper nerve force and sufficient rest. While it is my goal to avoid a crisis in healing, with exercise, a nutritious diet and sufficient rest, a healing crisis sometimes occurs.

The healing crisis is the result of an industrious effort by every organ of the body to eliminate waste and prepare for regeneration. Through this constructive process, old tissue is replaced by new. This crisis is recognized by a heavy elimination of mucus or catarrh. The experience of a healing crisis is much like that of an illness, because the symptoms are similar. But there is one important distinction, that is elimination. In the healing crisis, the body has the energy and strength to eliminate the toxic wastes that caused past problems. It is important to allow this purification and not suppress the elimination with over-the-counter remedies. A healing crisis is positive. Better health is just around the corner

# Client Intake Form

**Name** _____

**Address** _____

**City** _____ **State**_____ **Zip** _____

**Telephone: Home (  ) _____Work (  ) _____**

**E-mail Address** _____

**Birth date** _____ **Referred By**_____

**Areas Needing Attention:**

_____

_____

_____

## #1Priority: ☐

Does anyone else in your family have this health challenge? ☐ Yes ☐ No Who? _____

How many **years** have you had the symptoms of this complaint? ☐

The third Golden Rule of Health States: Nothing heals in the human body in less than 3 months. plus one month for every year you had the symptoms.

Therefore, it will take at least ☐ + 3 = ☐ months to heal.

On a scale of 1 to 10, 1 being worst and 10 being best, where would you rate your health? _____

What is your passion? _____

Where do you want to be in five years? _____

Please note: State law does NOT allow any person to provide nutritional advice or give advice concerning proper nutrition--which is the giving of advice as to the role of food and food ingredients, including dietary supplements. This state law does NOT confer authority to practice medicine or to undertake the diagnosis, prevention, treatment, or cure of any disease, pain, deformity, injury or mental or physical condition and specifically does not authorize any person other than one who is a licensed health professional to state that any product **might** cure any disease, disorder, or condition.

I understand that, if the area for which I am requesting attention is a medical or psychological problem, it is my responsibility to seek proper medical or psychological care. I understand that Iridology, Biological Terrain Assessment, Bio Scans and Blood Education are adjunctive techniques.

Date _____ Signature _____

# Client Intake Form

Nature's WELLNESS
INTEGRATING WELLNESS

Have you ***ever*** had or do you ***now*** have any of the following?

| EVER yes | NOW yes | (if no, leave blank) |
|---|---|---|
| ☐ | ☐ | Alcoholism |
| ☐ | ☐ | Allergies or hay fever |
| ☐ | ☐ | Serious anemia or other blood diseases |
| ☐ | ☐ | Arthritis, gout, or painful joints |
| ☐ | ☐ | Asthma, wheezing |
| ☐ | ☐ | Back ache or back injury |
| ☐ | ☐ | Cancer, leukemia or tumors |
| ☐ | ☐ | Cataract ☐ left eye ☐ right eye |
| ☐ | ☐ | High Cholesterol |
| ☐ | ☐ | Convulsions, seizures or epilepsy |
| ☐ | ☐ | Chronic cough, emphysema or other chronic lung diseases |
| ☐ | ☐ | Diabetes or sugar in urine |
| ☐ | ☐ | Diarrhea or colitis (chronic), rectal bleeding or other rectal ailment |
| ☐ | ☐ | Chronic constipation, (specify # of bowel movements per day) _____ |
| ☐ | ☐ | Drug addiction or abuse (specify) _____ |
| ☐ | ☐ | Ear problems or loss of hearing |
| ☐ | ☐ | Female organ abnormality |
| ☐ | ☐ | Gallbladder stones |
| ☐ | ☐ | Glaucoma |
| ☐ | ☐ | Goiter or thyroid condition |
| ☐ | ☐ | Headaches (disabling) or migraine |
| ☐ | ☐ | Heart attack or other heart trouble |
| ☐ | ☐ | Heart murmur |
| ☐ | ☐ | Hernia (rupture) |
| ☐ | ☐ | Hypertension or high blood pressure |
| ☐ | ☐ | Immunological deficiency (AIDS or ARC) |
| ☐ | ☐ | Persistent indigestion or peptic symptoms |
| ☐ | ☐ | Kidney condition, kidney stones |
| ☐ | ☐ | Liver conditions ☐ cirrhosis ☐ jaundice ☐ hepatitis |
| ☐ | ☐ | Enlarged or swollen lymph nodes (glands) |
| ☐ | ☐ | Mitral valve prolapsed |
| ☐ | ☐ | Paralysis/strokes |
| ☐ | ☐ | Prostate problems |
| ☐ | ☐ | Psychological/emotional counseling |
| ☐ | ☐ | Institutionalized for Psychiatric Problems |
| ☐ | ☐ | Serious skin disease, melanoma, psoriasis |
| ☐ | ☐ | Ulcers of stomach or duodenum |
| ☐ | ☐ | Loss of urine control, bladder problems, or difficult urination |
| ☐ | ☐ | Irregular vaginal bleeding |
| ☐ | ☐ | Venereal disease |

Have you had or do you now have any other condition not listed above? Please describe:

_____

_____

# Client Intake Form

Are you presently under a Doctor's care? ☐ Yes ☐ No What for? _____
Doctor's name and telephone _____
Therapist's name and telephone _____

Are you presently taking medication? ☐ Yes ☐ No
What are the Medications for? _____
Please list Medications, exact spelling please.
_____ _____ _____ _____

Do you regularly drink alcohol? ☐ Yes ☐ No Do you regularly smoke? ☐ Yes ☐ No
Do you regularly take drugs? ☐ Yes ☐ No

Does the diagnosis or treatment of a particular injury, disease, or other pathological condition concern you? ☐ Yes ☐ No If Yes, what is your concern? _____

Do you have any implanted devices, such as hips, knees, elbows, shoulders, breasts, hernia mesh, etc.? ☐ Yes ☐ No

Do you now or did you previous have? Circle all that apply - measles, mumps, chicken pox, herpes, Epstein Bar, chronic fatigue, mono, HIV, hepatitis A, B or C? ☐ Yes ☐ No

Have you ever had any head injuries? ☐ Yes ☐ No

Have you ever had any chemical exposure? ☐ Yes ☐ No

Have you **every** smoked? ☐ Yes ☐ No ____ # years

Have you been exposed to second hand smoke? ☐ Yes ☐ No ____ # years

# of Meals per day _____ Hours of sleep per night _____ Hours of exercise per week _____

**FAMILY MEDICAL HISTORY** - List **chronic illnesses** and or cause of death and age of death.

Mother _____

Mother's Mother _____

Mother's Father _____

Father _____

Father's Mother _____

Father's Father _____

# Client Intake Form

If you currently have the symptoms or health problems indicated, place a 1, 2, or 3 in the column marked „c“ for „Current“. If you have experienced the problem in the past (but do not currently have it), put a 1, 2, or 3 in the column marked „P“ for „Previous“. If the problem is(or was) mild, put the number 1 in the column. If the problem is (or was) a moderate one, put the number 2 in the column. If the problemis (or was) severe, put a 3. Total the numbers in each column in the space indicated.

| **Earth Stressed** | C | P |
|---|---|---|
| Frequent bad breath | | |
| Belching after meals | | |
| Nausea/Vomiting | | |
| Abdominal pain or discomfort | | |
| Loose stool | | |
| Cravings for sugar | | |
| Intestinal gas/bloating | | |
| Sour stomach | | |
| Temporary loss of appetite | | |
| Foul taste in mouth | | |
| | | |
| | | |
| Earth Stressed Totals | | |

| **Earth Weakened** | C | P |
|---|---|---|
| Poor protein digestion | | |
| Low energy levels | | |
| Sick for more than 1 year | | |
| Shallow breathing | | |
| Constant bloating | | |
| Poor muscle tone or unable to gain weight | | |
| Ulcers or stomach pain | | |
| Prolapsed colon | | |
| Chronically poor appetite | | |
| Colitis or other bowel irritations | | |
| | | |
| | | |
| **Earth Weakened Totals** | | |

| **Wood Stressed** | C | P |
|---|---|---|
| Nausea/Vomiting | | |
| Alternating diarrhea & constipation | | |
| Anger/Defensiveness | | |
| Occasional headaches or dizziness | | |
| Stiff & Aching muscles | | |
| Cold hands & feet | | |
| Discomfort under right side of rib cage | | |
| Fatigue in the mornings | | |
| Sensation of foreign object (lump) in throat | | |
| Bitter taste in mouth | | |
| Gallstones or indigestion after eating fats | | |
| | | |
| **Wood Stressed Totals** | | |

| **Wood Weakened** | C | P |
|---|---|---|
| Hypoglycemia or afternoon fatigue | | |
| PMS symptoms (females) “moody” (males) | | |
| Food Allergies | | |
| Frequently fatigued | | |
| Depressed/Discouraged | | |
| Hypochondriac feelings | | |
| Frequent skin eruptions (acne, rashes, etc.) | | |
| Gallstones/Fat cravings | | |
| Low resistance to disease | | |
| Difficulty getting to sleep | | |
| Difficulty waking up in the morning | | |
| | | |
| **Wood Weakened Totals** | | |

# Client Intake Form

| Metal Stressed | C | P |
|---|---|---|
| Difficult Breathing | | |
| Coughing | | |
| Sinus congestion | | |
| Wheezing | | |
| Asthma/Bronchitis | | |
| Swollen lymph glands | | |
| Defensive or dogmatic | | |
| Shortness of breath | | |
| Allergies/Hayfever | | |
| Sinus headaches | | |
| | | |
| | | |
| **Metal Stressed Totals** | | |

| Metal Weakened | C | P |
|---|---|---|
| Infections in lungs | | |
| Pneumonia | | |
| Tuberculosis | | |
| Chronic lung weakness | | |
| Feeble speaking | | |
| Tightness in chest | | |
| Frequent colds and flu | | |
| Withdrawn/Sad/Grieving | | |
| Dry cough | | |
| Excessive sweating | | |
| | | |
| | | |
| **Metal Weakened Totals** | | |

| Fire Stressed | C | P |
|---|---|---|
| Nervous or excitable | | |
| Dizzy or “light-headed” | | |
| Toss and Turn” in sleep | | |
| Always “on the go” | | |
| Too much stress | | |
| Anxiety/Muscle tension | | |
| Heart palpitations | | |
| Talk too fast | | |
| Highly “emotional” | | |
| Difficulty relaxing | | |
| | | |
| | | |
| **Fire Stressed Totals** | | |

| Fire Weakened | C | P |
|---|---|---|
| Extreme Fatigue | | |
| Cold hands & feet | | |
| Frigidity or impotence | | |
| Muddled thinking | | |
| Waking up frequently | | |
| Restless dreaming | | |
| Forgetful/Absent-minded | | |
| Feeling “overwhelmed” | | |
| Feeling “burned-out” | | |
| Night sweats | | |
| | | |
| | | |
| **Fire Weakened Totals** | | |

| Water Stressed | C | P |
|---|---|---|
| Water retention/edema | | |
| Sluggish/Tired | | |
| Occasional backache | | |
| Burning urination | | |
| Urinary infections | | |
| Prostate problems (male) | | |
| Vaginal irritation (female) | | |
| High blood pressure | | |
| Wake up at night to urinate | | |
| Fearful/Indecisive/Timid | | |
| Joint swelling or pain | | |
| | | |
| **Water Stressed Totals** | | |

| Water Weakened | C | P |
|---|---|---|
| Impotence (male) | | |
| Chronic back pain | | |
| Arthritis or Gout | | |
| Osteoporosis (weak or broken bones) | | |
| Dark circles under eyes | | |
| Neck pain/stiff neck | | |
| Spinal Problems | | |
| Leg cramps/pain | | |
| Kidney stones | | |
| Weak legs/knees/ankles | | |
| | | |
| | | |
| **Water Weakened Totals** | | |

# Client Intake Form

| Heat Stressed | C | P |
|---|---|---|
| Fever with chills | | |
| Headaches | | |
| Sore throat | | |
| Eye irritation | | |
| Gum irritation | | |
| Skin infections/rashes | | |
| Earaches | | |
| Swelling and pain | | |
| Nosebleeds | | |
| Burning sensations | | |
| | | |
| | | |
| **Heat Stressed Totals** | | |

| Heat Weakened | C | P |
|---|---|---|
| Frequent thirst | | |
| Dry cough or sticky phlegm | | |
| Dry mouth | | |
| Night sweats | | |
| Dry or wrinkled skin | | |
| Dizziness | | |
| Ringing in ears | | |
| Poor memory | | |
| Dry stool | | |
| Burning skin | | |
| | | |
| | | |
| **Heat Weakened Totals** | | |

| Energy Stressed | C | P |
|---|---|---|
| Depression | | |
| Heavy feelings | | |
| Taking tranquilizers or anti-depressants | | |
| Sensation of foreign body in throat | | |
| Frequent headaches or dizziness | | |
| Insomnia or difficulty going to sleep | | |
| Migrating pains | | |
| Hypochondriac feelings | | |
| Nightmares or restless dreams | | |
| Hysteria or other mental/emotional illness | | |
| | | |
| | | |
| **Energy Stressed Totals** | | |

| Energy Weakened | C | P |
|---|---|---|
| Extreme or chronic fatigue | | |
| Poor self-esteem | | |
| Anorexia/Poor appetite | | |
| Shortness of breath | | |
| Autoimmune disease: lupus,arthritis,cancer | | |
| Indifference, discouragement | | |
| Prolonged stress | | |
| General feelings of weakness | | |
| Slow recovery from illness | | |
| Have been ill for over one year | | |
| | | |
| | | |
| **Energy Weakened Totals** | | |

Each element (earth, wood, metal, fire, and water) is related to specific body systems and organs. The **EARTH** element is related to the stomach, spleen and pancreas; the **WOOD** element to the liver and gallbladder; the **METAL** element to the colon, lungs, lymphatic and immune systems; the **FIRE** element to the glands, nervous, and circulatory systems; and the **WATER** element to the kidneys, bladder and structural systems. The **ENERGY** constitution is related to the flow of (chi) in the body, while the **HEAT** constitution is related to the states of heat and dryness in the body systems.

When an element in STRESSED, it suggests that the corresponding organs and systems are overactive, hyperactive, or acutely irritated. When an element is WEAKENED, it suggests that the corresponding organs and systems are under-active, hypoactive or chronically weakened.

# Client Intake Form

For Office use – Do not fill out – Thank you.

| **Category** | **Earth** | | **Wood** | | **Metal** | | **Fire** | |
|---|---|---|---|---|---|---|---|---|
| Totals | **Stress** | **Weak** | **Stress** | **Weak** | **Stress** | **Weak** | **Stress** | **Weak** |
| Current “C” Totals | | | | | | | | |
| Previous “P” Totals | | | | | | | | |
| Current + Previous | | | | | | | | |
| **Stressed + Weakened** | | | | | | | | |

| **Category** | **Water** | | **Heat** | | **Energy** | | **Example** | |
|---|---|---|---|---|---|---|---|---|
| Totals | **Stress** | **Weak** | **Stress** | **Weak** | **Stress** | **Weak** | **Stress** | **Weak** |
| Current “C” Totals | | | | | | | 5 | 3 |
| Previous “P” Totals | | | | | | | 3 | 6 |
| Current + Previous | | | | | | | 8 | 9 |
| **Stressed + Weakened** | | | | | | | **17** | |