New Client Questionnaire

Client confidentiality will be maintained at all times. The information provided on this questionnaire may only be disclosed with the express written consent of the individual named herein or, if under the age of 18, his or her legal guardian.

Please allow 30-45 minutes to complete this questionnaire. Please answer the questions below as thoroughly as possible so that we may make the best possible clinical assessment and develop a realistic and workable plan for supporting you in reaching your health goals. Your answers to personal questions such as relationship status, religion, etc. are important as they provide helpful context for establishing a productive partnership with you.

Today's Date:

Basic Information

Contact Information									
Name:			Address:			City, State Zip:			
Work phone:			Home phone:			Mobile phone:			
Email:						Preferred contact:			
Emergency Contact									
Name:			Relationship:			Phone:			
Occupation & Interests									
Occupation:			How long?			Satisfied?			
What are your interests/passions:									
Demographics									
Age:		Date of Birth:		Gender:		Race:		Ethnicity:	
Height:		Weight:	lbs	Highest Adult Weight:	lbs / Yr:		Lowest Adult Weight:	lbs / Yr:	
Relationship Information									
Status:			Partner's Name:			Partner's Gender:			
Personal Information									
Religion:			Education:						
With whom (persons or animals) do you share your home?									

What types of health practitioners are you currently working with?

What are your primary reasons for coming to the Herbal Medicine clinic?

1.
2.
3.

Medical Information

What health concerns did you experience as a child?

What health concerns have you experienced as an adult?

Are you part of a recovery program? If so, which one?

Do you have any allergies to foods, medications, chemicals, and/or other environmental substances?
If so, to which ones?
What is your typical reaction and how severe is it?

What, if any, surgeries/operations have you undergone, and when?

Have you ever been hospitalized for reasons other than surgeries/operations?
If so, when and for what reason(s)?

Have you ever had a major chemical exposure? If so, when and to what?

Where and when have you lived or traveled outside of the U.S. and Canada?

Is there anything that surfaced during a recent medical test or doctor's visit that you would like to report?

Please place an "X" next to anything you have noticed in the past year. Issues that you had previously, but no longer have, mark with a "P."

Skin/Musculoskeletal
- rash
- acne
- changing moles
- slow wound healing
- arthritis
- gout

Respiratory
- difficulty breathing

Cardiovascular
- high blood pressure
- low blood pressure
- heart palpitations
- rapid heartbeat
- high cholesterol
- stroke

Circulatory
- bruise easily
- varicose veins
- swollen or painful lymph nodes

Urinary
- bladder infection
- kidney infection
- kidney stones

Gastrointestinal
- bloating
- diarrhea
- constipation
- gas/flatulence
- hemorrhoids
- nausea
- liver/gallbladder issues

Nervous
- seizure
- headache
- migraines
- insomnia
- depression
- anxiety

Endocrine
- low blood sugar
- high blood sugar/diabetes

Reproductive
- sexually transmitted disease
- Women: breast issues
- Women: vaginal discharge
- Women: yeast infections
- Women: abnormal pap smear
- Men: BPH
- Men: erectile insufficiency

Other/Cross-Functional
- eye problems
- hearing loss
- ringing in the ears
- hair loss

For Women:

Pregnancies *(please include losses/terminations)*			
Year	Vaginal/C Section	Sex	Complications/Other Things You Want to Mention

Are you currently pregnant? Are you actively trying to conceive?
Are you aware that you should inform your practitioner if you decide to conceive or if you become pregnant?

Family History

Relationship	Alive/Deceased	Present Health or Cause of Death
Paternal Grandmother		
Paternal Grandfather		
Maternal Grandmother		
Maternal Grandfather		
Father		
Mother		
Brothers		
Sisters		
Children/ages		

Medications & Supplements

Medications (Over-the-Counter and Prescription)				
Name	Dosage	Frequency	Length of Time	Reason for Taking

Are you sensitive to low levels of medication(s) and/or caffeine?

Vitamins, Minerals or Herbal Supplements					
Name	Brand	Dosage	Frequency	Length of Time	Reason for Taking

Lifestyle

Diet					
Food/Drink	Frequency				Comments
	Never or Rarely (< 1x/Month)	Occasionally (< 1x/Week)	Regularly (> 1x/Week)	Most Days of the Week	
Caffeine	☐	☐	☐	☐	In what form?
Soda/Soft Drinks	☐	☐	☐	☐	What type(s)?
Alcohol	☐	☐	☐	☐	What type(s)?
Red Meat	☐	☐	☐	☐	☐ Beef, ☐ Lamb
White Meat	☐	☐	☐	☐	☐ Poultry, ☐ Pork
Eggs	☐	☐	☐	☐	
Fish	☐	☐	☐	☐	
Nuts & Seeds	☐	☐	☐	☐	
Fruits	☐	☐	☐	☐	☐ Canned, ☐ Fresh, ☐ Frozen
Vegetables	☐	☐	☐	☐	☐ Canned, ☐ Fresh, ☐ Frozen
Plant Oils (e.g., olive)	☐	☐	☐	☐	What type(s)?
Dairy Products	☐	☐	☐	☐	☐ Milk, ☐ Yogurt, ☐ Cheese, ☐ Butter
Soy Products	☐	☐	☐	☐	
”Junk / Fast Food”	☐	☐	☐	☐	What type(s)?
Fried Foods	☐	☐	☐	☐	What type(s)?
How many times each week do you eat each meal at home (vs. out)?				Breakfast, Lunch, Dinner	
How many ounces of water do you drink per day?				oz ☐ Bottled, ☐ Filtered, ☐ Tap	

Lifestyle					
	Frequency				Comments
	Never or Rarely (< 1x/Month)	Occasionally (< 1x/Week)	Regularly (> 1x/Week)	Most Days of the Week	
Exercise	☐	☐	☐	☐	What type(s)?
Sexual Activity	☐	☐	☐	☐	
Socializing w/Friends	☐	☐	☐	☐	
Relaxation	☐	☐	☐	☐	What type(s)?
Self-Pampering	☐	☐	☐	☐	What type(s)?
Tobacco	☐	☐	☐	☐	
Recreational Drugs	☐	☐	☐	☐	

Sleep			
At what time are you typically in bed?		What time do you fall asleep?	
Typical hours asleep?		# of times you awaken during the night	
Reason(s) why you wake during the night		Do you wake to an alarm clock?	

		Do you feel rested upon rising?	

Stress

On a scale of 1-10, with 1 being low and 10 being high, how stressful is your:

Work: Social/family situation: Current health status: Life in general:

Do you feel that your current state of health is: ☐ largely in your control or ☐ largely out of your control

What do you believe you can do to make a difference in your current health status?
If so, what 1-2 key steps have you already taken?

Moods You Experience Frequently

☐ accepting	☐ anxious or nervous	☐ angry	☐ capable	☐ compassionate
☐ determined	☐ dreadful	☐ empowered	☐ enthusiastic	☐ fortunate
☐ guilty	☐ happy	☐ hopeful	☐ hurt	☐ inspired
☐ lonely	☐ loved	☐ peaceful	☐ resentful	☐ resigned
☐ sad	☐ scared	☐ terrified	☐ tired	☐ uncertain
☐ other:				

Significant Life Events

Please list major events in the last ten years of your life and the dates they occurred. Include births, deaths, marriage, divorce, accidents, moves, jobs changes, miscarriages, illness, and anything else you feel greatly impacted your life.

Date Event

Constitutional Assessment

The following section provides us with an overview of your personal constitution, which is helpful information for determining which herbs and nutritional guidance are most appropriate for you. For this reason, please evaluate yourself as accurately and honestly as you can, based on how you have reacted in general throughout your lifetime, not how you react at present. Avoid the temptation to see yourself as you would like to be rather than as you are. There is no right or wrong, and no better or worse,

in this assessment. There is only the reality of your personal constitution. Your answers may primarily appear in one column or they may cross multiple columns.

	Body Frame & Weight	
☐ Narrow shoulders, hips	☐ Medium shoulders, hips	☐ Broad shoulders, hips
☐ Lose weight without difficulty, gain weight with difficulty	☐ Lose or gain weight without difficulty	☐ Lose weight with difficulty, gain weight without difficulty
	Skin & Nails	
☐ Skin is cold to the touch (especially hands and feet)	☐ Skin is warm to the touch	☐ Skin is cool to the touch
☐ Skin is dry, or oily and dry	☐ Skin is oily	☐ Skin is moist and supple
☐ Sweat is scanty, even in heat	☐ Sweat is profuse, even in cold	☐ Sweat is moderate, consistent
☐ Hard and brittle	☐ Soft and strong	☐ Thick and strong
	Appetite	
☐ Variable appetite	☐ Strong appetite	☐ Moderate appetite
☐ Variable interest in food	☐ Enjoy eating	☐ Moderate interest in food; at times prone to emotional eating
☐ Dizzy or faint without snacks	☐ Irritable if meals are missed	☐ Can miss meals without any physical distress
	Digestion & Evacuation	
☐ Defecate one-few times per wk	☐ Defecate multiple times per day	☐ Defecate once daily
☐ Stools often hard, dark-colored	☐ Stools soft to loose, yellowish	☐ Stools well-formed, rarely hard, medium brown-colored
☐ Stools move with strain	☐ Stools move easily	☐ Stools move slowly
☐ Respond only to strong laxatives	☐ No need for laxatives	☐ Respond to moderate laxatives
	Menstruation	
☐ Irregular cycles	☐ Regular, long length cycles	☐ Regular, average length cycles
☐ Scanty flow, sometimes clotting	☐ Heavy flow	☐ Moderate flow
☐ Blood is dark in color	☐ Blood is bright red	☐ Blood is light in color
☐ Constipation before period	☐ Loose stools before period	☐ Prone to water retention
☐ Sharp, intense cramps	☐ Medium intensity cramps	☐ Dull, achy cramps
	Physical Strength and Endurance	
☐ Energy comes in spurts/bursts; prefer to expend it when avail.	☐ Constant supply of energy; drive to be active can cause overload	☐ Prefer not to expend energy, but feel good with regular activity
☐ Like vigorous exercise, but it eventually exhausts	☐ Like vigorous exercise and can endure if paced well	☐ Endure vigorous exercise well, but prefer not to partake
	Sleep & Dreams	
☐ Difficult to fall asleep	☐ Easy to fall asleep unless worried	☐ Easy and quick to fall asleep
☐ Light or variable sleeper; difficult to return to sleep when wakened	☐ Light sleeper; returns to sleep easily when wakened	☐ Sleep soundly throughout the night; rarely wakened
☐ Rarely achieve adequate sleep	☐ Get by on minimal sleep	☐ Prefer many hours of sleep
☐ Rise feeling unrested	☐ Rise feeling alert	☐ Rise feeling rested and alert
	Voice	
☐ Talkative; speak quickly	☐ Concise and direct in speaking	☐ Talk when there's something to say
☐ Tendency to stray from subject	☐ Speaking is purposeful	☐ Speaking is slow and cautious
	Personality Traits	
☐ Sensitive	☐ Strong and forceful	☐ Calm and quiet
☐ High strung/anxious	☐ Domineering/opinionated	☐ Patient/compassionate
☐ Rarely see project through	☐ See projects through	☐ See projects through stubbornly
☐ Friendships are often short-term	☐ Friendships serve a purpose	☐ Friendships are often long-term
	Mind	
☐ Theorist (idea-focused)	☐ Planner (design-focused)	☐ Implementer (process-focused)
	Memory	
☐ Remember and forget easily	☐ Remember easily and forget with difficulty	☐ Must be told something more than once to remember, but then it sticks
	Lifestyle	
☐ Difficult to form habits	☐ Make or break habits easily	☐ Enjoy habits