

Client Intake Form

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Would you like to receive special offers and promotions through email? YES NO

Phone Number: _____ Date of Birth: _____

Referred By: _____ Occupation: _____

Have you ever received a professional botanical medicine consultation? _____ How often? _____

Do you have any allergies? (nuts, aloe, oils, Tide, etc.) _____

Are you pregnant? _____ Trimester: _____

Mark below any of the following that are currently (C) or have experienced in the past (P)

<input type="checkbox"/>	Abdominal Pain	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	Numbness/Tingling
<input type="checkbox"/>	Accident	<input type="checkbox"/>	Disk Problem	<input type="checkbox"/>	Low Back Pain	<input type="checkbox"/>	Stiffness
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Mid Back Pain	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Neck Pain	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Bruise Easily	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Nervous tension	<input type="checkbox"/>	Upper Back Pain
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Jaw pain	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	Contagious Disease	<input type="checkbox"/>	Joint Ache	<input type="checkbox"/>	Sprains	<input type="checkbox"/>	Whiplash

In the space below, please briefly describe the main reason for your visit today and any current herbs or supplements that you are taking.

I understand that the recommendations I receive is provided for the basic purpose of health and well-being. I further understand that herbalism is not a substitute for medical examination, diagnosis, or treatment and that I should see a physician for any mental or physical ailment of which I am aware, and I understand that herbalists are not qualified to perform these. I affirm that I have stated all known medical conditions and answered all questions honestly.

 Signature

 Date