



PRINT

SEND

IN TAKE FORM

dd mm yyyy

Name: Gender Age Birthdate
 E-mail Bith city & Country
 Mobile Bithtime Adress
 Postcode City Land Occupation
 Locations you have lived (in chronological order) Single In a relationship Married
 Number of children (if any) Pets

HEALTH HISTORY

Are you seeing a doctor in the last year? Y N For what?

Are you currently on a special diet, detox, or working with a natural practitioner?

Hospitalizations, injury, surgery? Month/Year it started Is it still a problem? How long was recovery?

Medicines & Supplements (geneesmiddelen)

Prescription & Dose	What is it for?
From your doctor	
Hormone/ Birth control?	
without Px (zonder recept)	
Herbs & Supplements	

Do you smoke?

Y N #/Day

Alcohol habits

Usually I drink:

beer liquor wine
 # per day week month

Recreational drugs?

What?

How often?

Primary health concerns (What would you like to work on?)

When did it start?

What kind of advice are you searching for?

Nutrition & Cooking Meditation
 Herbs & essential oils Treatments
 Exercise or Yoga postures Lifestyle changes
 Breathing exercises Other:
 Work with mind & emotions
 Detox Program

History of Family Illness (grandparents/siblings, etc)

Mother's side Father's side



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Do you have any of the following symptoms?

- | | | | |
|-----------------------------------|-----------------------------|-------------------------------|--|
| dry skin,eyes,hair, other_____ | sugar crashes | fatigue | low energy |
| difficulty keeping weight on | loose stool | sensitive to sounds, light | heavy feeling upon exertion (like going up stairs) |
| gas | diarrhea | congestion in sinus, lungs | restlessness |
| bloating | nausea | cough | lethargy |
| constipation | migraines | stuck feeling in the throat | indigestion |
| hemorrhoids | vomiting | food or respiratory allergies | lack of true hunger |
| sensory/stimulation overload | skin rashes, acne, hives, | edema (swelling) | lack of enthusiasm for life |
| muscle twitching, weakness, | boils | heavy feeling or sleepy | fatigue/exhaustion |
| trilling, cramping, numbness/pain | easily bruising | after food | depression |
| that changes locations | excess thirst | dullness | coating on tongue |
| dry cracking joints | burning, sharp pain | pain that is dull or vague | low grade fever that comes and goes |
| Inflamed/ Painful joints | spontaneous bleeding | cold clammy hands | body ache/pain |
| stiffness | tenderness to touch | difficulty sweating | sinking stool |
| dry cough | excess body heat | frequent urination | repeated infections/colds |
| cold extremities, craving heat | difficulty falling asleep | excess oily skin | Bloating/Puffy Belly |
| brittle breaking nails | acne with cycle | excess sleep | Gas that is stuck |
| waking in the middle of the | inflammation | fuzzy mind/difficult | Weight gain |
| night unable to fall back | yellowish discoloration | concentration | |
| asleep | (eyes, stool) | weight gain | conditions aggravated by wet weather |
| spikes of energy followed by | craving cold things | excessive or daytime sleep | pale or loss of complexion |
| exhaustion | dizziness | | burning sensations in |
| feeling faint | reduced range of motion | sour burps | throat |
| Irregular appetite | body odor (sour) | acid stomach | weakness |
| gurgling or groaning sounds | sour, metallic or bad taste | heart burn | body odor (sweet) |
| in the gut | in mouth | stable pain thick or stringy | loss of hunger |
| pain with localized swelling | bad breath | phlegm | |
| pricking pain like "falta" | catching movement or | stuck in throat | |
| exhaustion | | | |

My symptoms feel worse during:

- | | | | |
|--------------------------------------|----------------------------|-----------------------------|----------|
| conditions aggravated by wet weather | hot dry weather | damp, wet or cloudy weather | not sure |
| Change of seasons | hot wet weather | | |
| Autumn | After exposure to sun/heat | Winter | not sure |
| Spring | Summer | Spring | |
| Around sunrise or sunset | Around noon or midnight | 7-10 or 18-21:00 | |

On a scale of 1-5 what is your current stress level?

How long has it been this way?

What makes you stressed? What drains your energy?

When I feel emotions, they tend to be:

- | | | | | | | | | | |
|---------------------------------|------------------------|--------------------------------|-------------------------------------|-------------------|-----------|--------------|---------------|-----------------|------------------|
| Worries | Relationships | Children | Communication | Work | Financial | Health issue | Being on time | Not enough time | Poor use of time |
| Saying yes to too many projects | Overly Ambitious | Expectations from other people | People not meeting my expectations | It's in my nature | | | | | |
| anxious | curious | frustrated | slow to try new ideas or activities | | | | | | |
| worried | restless | aggressive | relaxed | | | | | | |
| imaginative | determined | angry | satisfied | | | | | | |
| nervous | focused & concentrated | attachment | depressed | | | | | | |
| easily excited | impatient | holding on to past | lethargic | | | | | | |
| uneasy | intense | reminiscing | other: | | | | | | |
| anticipating/fearful | critical of myself | stable, secure | | | | | | | |
| | critical of others | | | | | | | | |