

# Rookery Herbal

*Traditional Healing with Plants*

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This is a confidential record of your personal health assessment which will be kept in my office. The information will only be released to those people you have advised me, in writing, are appropriate.

Please complete this form to the best of your ability and return it to me **before** your first appointment. This information will be used during your consultation and therapeutic planning.

**First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is it OK to contact you via mail, shipping any herbal products only? Y \_\_\_\_\_ N \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact? \_\_\_\_\_

If I call your home or cell phone is OK to leave a message? Y \_\_\_\_\_ N \_\_\_\_\_

**Emergency contact.** Please list a person with whom I have your permission to speak with regarding your client records in the case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

## **Social information**

Occupation: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Living situation: \_\_\_\_\_

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Have you seen a clinical herbalist before, if yes, how was the experience?

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What are your goals for this consultation?

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Please list in **order of priority**, your main health concerns, including when they began and the severity on a scale of 1-10, ten being most severe:

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*Further discussion can take place during your appointment.*

Please list all diagnoses you have received from your medical care practitioners:-

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*Further discussion can take place during your appointment.*

Please list all current medications including dose, how long you have been taking it and what it is prescribed for:

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*Further discussion can take place during your appointment.*

Please list all previous medications you have ever taken:

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Please list any supplements you are currently taking:

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Are you allergic to any medications?

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Do you have any other known allergies diagnosed or otherwise?

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Current health care providers

Name of primary physician: \_\_\_\_\_

Name of specialist: \_\_\_\_\_

Do you currently see a social worker, mental health counselor or other mental health professional?

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Do you see any other health care practitioners?

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***If you have any recent bloodwork or other test results please send a copy to me before your first appointment.***

### **Family history**

Please list all diagnoses and health concerns within your family, if possible, include your parents and their parents:

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### **Habits**

Are you a smoker? **Y** \_\_\_\_ **N** \_\_\_\_ Are you an ex-smoker? **Y** \_\_\_\_ **N** \_\_\_\_

Do you consume alcoholic beverages? **Y** \_\_\_\_ **N** \_\_\_\_ If yes, how many in a week?

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How much water do you drink in a day? \_\_\_\_\_

How much coffee, or other forms of caffeine? \_\_\_\_\_

Do you take regular exercise? **Y** \_\_\_\_ **N** \_\_\_\_

What form, how long, how often?

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### **General self-evaluation**

10 being the best, please rate your experience of the following on a scale of 1-10:

Mood: \_\_\_\_\_ Energy: \_\_\_\_\_ Appetite: \_\_\_\_\_ Sleep: \_\_\_\_\_

### **Food habits**

Do you have dietary restrictions and/or preferences?

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Describe an average day's food content and include whether you eat breakfast, is lunch on the go, how late is dinner and what types of food do you snack on?

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### **Female health**

Date of last menstrual period: \_\_\_\_\_

Typical cycle length: \_\_\_\_\_ Any recent changes?: \_\_\_\_\_

### **Heart health**

Do you know your blood pressure, if yes, please include it here: \_\_\_\_\_

When was the last time your blood pressure was checked? \_\_\_\_\_

### **Digestion**

How many daily bowel movements are typical for you? \_\_\_\_\_

Do they appear 'normal'? (*blood, mucus, undigested food*): \_\_\_\_\_

### **Other information**

Please note anything else relevant to your upcoming appointment:

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**At Rookery Herbal we consider you to be the expert on *your* health and that with some collaboration, curiosity, investigation and reflection, a realistic program of health management can offer empowerment and resolution, over the long term. We also believe the use of supportive herbal medicine to be a lifestyle and not a 'sticking plaster', that it works optimally in conjunction with necessary, positive habit changes. The support and guidance needed to effect better health is what we offer at Rookery Herbal.**

**I \_\_\_\_\_ understand that all forms of health care have their scope and limits. These consultations are not a replacement for required medical procedures or specialist investigations where appropriate. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**