Blue Crow
BOTANICALS

INTAKE/HISTORY FORM

Date

Date of Birth

Name

Address

Phone

Email

Reason/s for consult

Do you have previous experience with

- [ ] herbs
- [ ] natural supplements
- [ ] acupuncture/bodywork

Diet

Typical Breakfast

Typical Lunch

Typical Dinner

Desserts and/or snacks

Favorite foods or cravings

Beverages

Bodyweight in pounds Water consumed in ounces per day

Sleep Pattern

☐ Fall asleep easily ☐ Can't fall asleep

Wake times per night at (time)

How do you feel in the morning?

Do you feel rested and energetic for your day?

Bowels

Moves

- [ ] daily
- [ ] every 2-3 days
- [ ] less often
- [ ] difficult
- [ ] easy
- [ ] loose
- [ ] hard
- [ ] complete
- [ ] incomplete

Do you take probiotics?

How much?

Mood/Emotions

Currently

Past issues

Libido

- [ ] absent
- [ ] low
- [ ] average
- [ ] good

Work

- [ ] satisfying
- [ ] unsatisfying
- [ ] retired
- [ ] unemployed
- [ ] work too hard
- [ ] work a reasonable amount of hrs

Average number of hours worked per week

Hobbies or favorite activities

Exercise

☐ intense ☐ average ☐ infrequent ☐ not at all

frequency

type of activity

level of enjoyment

Energy Level

☐ exhausted ☐ tired occasionally ☐ up and down ☐ good energy

Menses

☐ Menopausal

Number of Preg Number of births

Birth Control Discomfort (describe)

Additional information

Medications

Surgeries

Significant Medical History with dates

Significant Mental/Emotional History with dates

Childhood issues and illnesses

Relationship to family of origin

Current network of support

Any other information that would be useful to share