Plant Wisdom Within

Herbs, Nutrition, Wellness

ADULT

INSTRUCTIONS FOR YOUR FIRST CONSULTATION

I invite you to enjoy this period of focus & reflection while you turn your attention to completing this New Client Questionnaire. Any areas of concern which arise during its completion will be given ample time for exploration during our appointments together.

REQUIRED FOR YOUR FIRST VISIT:

- ☐ Completed New Client Questionnaire -- to receive optimized care, please return completed form two days prior to initial appointment. *Please allow 30-45 minutes to complete this questionnaire.*

PLEASE ALSO BRING THE FOLLOWING

- ☐ Any labs, blood tests, or other pertinent medical information you think may be helpful.
- ☐ If you are taking any pharmaceuticals, over-the-counter drugs, herbs, &/or supplements, please bring them in their original containers for accurate assessment of ingredients, dosage, & form by your practitioner.

If you have any questions, please contact me:

JOAN GREELEY, PLANT WISDOM WITHIN | 302.245.0691 | PLANTWISDOMWITHIN@GMAIL.COM

Plant Wisdom Within

New Client Questionnaire, Adult

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 comfortably living the life which wants to live in you! Your answers to personal questions are important as they provide helpful context for establishing a productive partnership with you. That said, please answer only the questions you are comfortable answering.

Today's date:

Basic Information

Contact Information:
Name: Address:
City, State, Zip:

Work phone: Home phone: Mobile phone:
Email:
Preferred contact method:
Anything helpful to know about contacting you:

Emergency Contact:

Name: Relationship: Phone:

Physical:

Age: Date of Birth: Gender: Ancestral descent:
Height: Weight: lbs
Highest Adult Weight: lbs/yr: Lowest Adult Weight: lbs/yr:

Personal Information:

Status: Partner's Name: Partner's Gender:
Spirituality/Religion: Education:
With whom (persons/animals) do you share your home?

Occupation: How long? Satisfied?
What are your interests/passions?

What are your primary reasons for coming to Plant Wisdom Within?

1.

2.

3.

Medical Information

With what types of health practitioners are you currently working?

Practitioner Type	Name	Reason for Seeing	City, State	Phone Number

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

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? Y/N If so, which one?

Are you currently breastfeeding? Y/N If so, how old is the child? How often?

Which allergies to foods, medications, chemicals, &/or other environmental substances do you have?

What is your typical reaction, and how severe is it?

Allergen	Typical Reaction	Severity

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

Procedure(s)	Reason(s)	Date

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. & Canada?

Where	Date

Review of Body Systems

Please indicate if you are currently experiencing any of the following. Also, kindly provide detail wherever there's a "**?**".

Head
☐Seizure
☐Headache
☐Migraines

Eyes
☐Vision loss
☐Tearing
☐Discharge
☐Redness
☐Pain
☐Corrective lenses

Ears
☐Hearing loss
☐Ringing in the ears
☐Discharge
☐Itching
☐History of infection

Nose
☐Discharge
☐Blood
☐Congestion
☐Snoring/blockage

Neck & Throat
☐Pain
☐Lump
☐Enlarged thyroid
☐Stiffness
☐Tonsillitis

Urinary
Urinations per day?
Color of urine?
☐History of urinary tract infection
☐History of bladder infection
☐History of kidney infection
☐Kidney stones
☐Swelling of ankles or legs
☐Incontinence
☐Urgency
☐Frequency
☐Pain on urination
☐Blood in urine
☐Lower back pain
☐Dark circles under eyes

Musculoskeletal
☐Myalgia (muscle pain)
☐Arthritis
☐Stiffness
☐Joint pain
☐Gout
☐Backache – *upper/ lower?*
☐Mobility restrictions
☐History of broken bones

Respiratory
☐Congestion
☐Sinus pain/inflammation
☐Difficulty breathing
☐Cough
☐Wheezing
☐Tuberculosis
☐Emphysema

Cardiovascular
☐High blood pressure
☐Low blood pressure
☐Heart palpitations
☐Rapid heart beat
☐Chest pain
☐High cholesterol
☐Varicose veins
☐Spider veins
☐Cold hands & feet
☐Clotting tendency
☐Stroke

Lymphatics
☐Congestion - *where?*
☐Swollen nodes- *where?*
☐Painful nodes - *where?*
☐Infection - *where?*
☐Drainage - *where?*

Endocrine
☐Low energy level
☐Hypothyroid (low)
☐Hyperthyroid (high)
☐Low blood sugar
☐Diabetes
☐Hormone imbalance

Allergic & Immunologic
☐RespiratoryallergY
☐Frequent cold/ flu
☐Food allergies
☐Food sensitivities
☐Immune disorder

Neuropsychiatric
☐Phobias
☐Stress
☐Insomnia
☐Depression
☐Anxiety
☐Attention deficit/ hard to concentrate
☐Mentally sluggish
☐Shingles
☐*Other mental disorder*?
☐Abnormal movement (tremors, etc.)

Gastrointestinal
☐Bad breath
☐Mouth ulcers
☐Bloating
☐Pain/cramping
☐Gas
☐Nausea
☐Acid reflux/GERD
☐Constipation
☐Diarrhea
☐Undigested food in stools
☐Blood in stools
☐Ulcers
☐Polyps
☐Hemorrhoids
☐Gall stones
☐Liver/gallbladder issues

<u>Bowel movements</u>
 # per day?
 # per week?
Quality? Pebbly/ fully formed/soft & largely unformed/ loose & unformed
Float or sink?
Color? brown / green / yellowish / dark or black / other?

Skin/ Integumentary
☐Rash
☐Dry skin
☐Itching
☐Acne
☐Rosacea
☐Eczema
☐Changing moles
☐Nail growth
☐Hair loss
☐Hair quality change
☐Bruise easily
☐Slow wound healing

Male Reproductive
☐Urination difficulty
☐BPH
☐Genital masses
☐Penile discharge
☐Prostate pain
☐Pain/swelling in testes
☐Vasectomy
☐Erectile insufficiency
☐Painful sex/orgasm
☐Burning on ejaculation
☐Blood in semen
☐Low sperm count
☐Poor sperm mobility
☐Low libido
☐STDs
☐Birth control, *what form*? _____

Female Reproductive
<u>Breasts</u>
☐Tenderness
☐Lumps
☐Discharge
☐Changes in shape
☐Perform breast self-exams?
☐Abnormalities
☐Mammograms / Thermography

<u>Genitals</u>
☐Vaginal discharge
☐Redness
☐Recurrent yeast infections
☐STDs
☐Pelvic pain or masses
☐Painful intercourse/orgasm
☐Low libido
☐Abnormal pap smear, *resulting action*?

<u>Menses</u>
Age at onset of menses?_____
bleeding starts approx every ___ days
Bleed for ___days?
Amount of bleeding?
Light moderate heavy
Quality of bleeding?
Bright red/ brown/ clotting
☐Painful cramps
☐Bleeding between cycles
☐Mood swings around cycle
☐Absence of menstrual cycles
☐Birth control, *Current?* _____
Past hormonal contraceptive Type? _____ *#YRS*____

<u>Menopausal women</u>
age of menopause?
☐Menopausal symptoms
☐Vaginal bleeding
☐Vaginal dryness
☐Hormone replacement therapy
☐Osteoporosis

For Women: Pregnancies *(please include losses/terminations)*

Vaginal/C Section/ Loss/Termination	Complications/Other things you want to mention	Sex	Year

Are you currently pregnant? y/n Are you actively trying to conceive y/n
Are you aware that it's important to inform your practitioner if you decide to conceive or if you become pregnant?

Family History

Relation	Deceased(D) Living (L)?	Present Health or Cause of Death
Maternal grandmother		
Maternal grandfather		
Paternal grandmother		
Paternal grandfather		
Mother		
Father		
Brother(s)		
Sister(s)		
Children/ages		

Medications & Supplements

Medications (Over-the-Counter & Prescription)

Dose (iu/mg/caps)	#times/ day	Name	Length of use	reason for taking

Are you sensitive to low levels of medications &/or caffeine?

Vitamins, Minerals, & Herbal Supplements

Dose (iu/mg/caps)	#times/ day	Name	Length of use	reason for taking

Lifestyle

Activities

	Frequency				
	Never or rarely <1x/month	Occasion - ally <1x/week	Regularly >2-3x/wk	Most days of the week	Comments
Exercise	☐	☐	☐	☐	Type(s)
Daily hours spent sitting	☐	☐	☐	☐	
Sexual Activity	☐	☐	☐	☐	
Socializing w/ Friends	☐	☐	☐	☐	Type(s)
Relaxation	☐	☐	☐	☐	Type(s)
Self-pampering	☐	☐	☐	☐	Type(s)
Tobacco	☐	☐	☐	☐	Type(s)
Recreational Drugs	☐	☐	☐	☐	Type(s)

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?	
Do you wake to an alarm clock?	Do you feel rested upon rising?	

Nourishment

	Frequency				
	Never or rarely <1x/month	Occasion - ally <1x/week	Regularly >2-3x/wk	Most days of the week	Comments
Caffeine	☐	☐	☐	☐	Type(s)
soda	☐	☐	☐	☐	Type(s)
Alcohol	☐	☐	☐	☐	Type(s)
Red Meat	☐	☐	☐	☐	Type(s)
White Meat	☐	☐	☐	☐	Type(s)
Eggs	☐	☐	☐	☐	Type(s)
Seafood/Fish	☐	☐	☐	☐	Type(s)
Nuts & seeds	☐	☐	☐	☐	Type(s)
Fruits	☐	☐	☐	☐	Type(s) ☐canned ☐Frozen ☐Fresh
Vegetables	☐	☐	☐	☐	Type(s) ☐canned ☐Frozen ☐Fresh
Plant Oils (olive, etc.)	☐	☐	☐	☐	Type(s)
Dairy Products	☐	☐	☐	☐	Type ☐Milk ☐Butter ☐Cheese ☐Yogurt
Soy Products	☐	☐	☐	☐	Type(s)
Bread/Grains	☐	☐	☐	☐	Type(s)
Junk/Fast food	☐	☐	☐	☐	Type(s)
Fried foods	☐	☐	☐	☐	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 ☐Tap ☐Bottled ☐Filtered

Stress

On a scale of 1-10, with one 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
☐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

Check the boxes of all that apply.

☐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, job changes, miscarriages, illness, & anything else you feel greatly impacted your life.

Event	Date

Constitutional Assessment

The following section provides an overview of your personal constitutional tendencies, which is helpful in determining which herbs and nutritional guidance are most appropriate for you. For this reason, please evaluate yourself as accurately & 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 are no right/wrong or better/worse answers. There is only feedback which informs how to personalize your care. Your answers may primarily appear in one column or they may cross multiple columns. Enjoy the process!

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, & Hair		
☐ skin cold to the touch (esp. hands & feet)	☐ skin warm to the touch	☐ skin is cool to the touch
☐ skin dry, rough	☐ skin oily	☐ skin is moist & supple or oily
☐ sweat is scanty, even in heat	☐ sweat profuse, even in cold	☐ sweat is moderate, consistent
☐ hair brittle, dry, or kinky	☐ soft & strong	☐ thick & strong
	☐ hair early gray or reddish	
Appetite		
☐ variable appetite & thirst	☐ Appetite strong, sharp, thirst excessive	☐ appetite slow but steady
☐ variable interest in food	☐ enjoy eating	☐ moderate interest in food
☐ dizzy or faint without snacks	☐ irritable if meals are missed	☐ can miss meals without physical distress
Digestion & Evacuation		
☐ defecate 1-few times/week	☐ defecate multiple times/day	☐ defecate once daily
☐ stools often dry, hard, dark	☐ stools soft to loose, yellowish	☐ stools thick, well-formed, rarely hard, medium brown
☐ stools move with strain	☐ stools move easily	☐ stools move slowly
☐ respond to laxatives	☐no need for laxatives	☐ respond only to strong laxative
Physical Strength & 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 you	☐ Like vigorous exercise & can endure if paced well	☐ endure vigorous exercise well, but prefer not to partake
Sleep		
☐ difficult to fall asleep	☐easily fall asleep unless worried	☐ easy & quick to fall asleep
☐light or variable sleeper; hard to return to sleep when wakened	☐ light sleeper; returns to sleep easily when wakened	☐ sleep soundly, rarely wakened
☐ rarely achieve adequate sleep	☐ get by on minimal sleep	☐ tough to rouse
☐ rise feeling unrested	☐ rise feeling alert	☐ prefer many hours of sleep
☐ dreams: flying, jumping, running, fearful	☐ dreams fiery, angry, passionate, colorful	☐ rise feeling rested & alert
		☐ dreams watery, ocean, swimming, romantic
Voice		
☐ talkative; speak quickly	☐ concise & direct in speaking	☐ cautious, talk when there's something to say
☐ tendency to stray from subject	☐ speaking is purposeful	☐ speaking is slow,
☐ uninterrupted chatter	☐ sharp, clear, cutting	☐ Voice melodious or monotonous
☐ speech chaotic at times		
Personality Traits		
☐ sensitive	☐ strong & forceful	☐ calm & quiet
☐ highly strung/ anxious	☐ domineering, opinionated	☐ patient, compassionate
☐ rarely see project through	☐ see projects through	☐ see projects through stubbornly
☐ friendships short term, wavering, changeable	☐ friendships active & discerningly selected	☐friendships long-term, loyal
☐ fearful, insecure, or anxious when unbalanced	☐ aggressive, irritable, jealous when unbalanced	☐ greedy, attached, stuck when unbalanced
☐ habits difficult to form	☐ habits made or broken easily	☐ habits are enjoyable
Mind & Memory		
☐ restless, active, curious	☐ aggressive, intelligent, determined	☐ calm, slow, receptive,
☐ wavering, changeable	☐ memory sharp; remember easily & forget with difficulty	☐ memory slow to catch hold, but once you've got it, it stays for good
☐recent memory good; remote memory poor	☐ design-focused (planner)	☐ process-focused (implementer)
☐ idea-focused (theorist)		
Menstruation		
☐ irregular cycles	☐ regular, long length cycles	☐ regular, average length cycles
☐ scanty flow, sometimes clotting	☐ heavy flow	☐ moderate flow
☐ blood dark in color	☐ Bright red blood	☐ blood light in color
☐ constipation before period	☐ loose stools before period	☐ prone to water retention
☐ sharp, intense cramps	☐ medium intensity cramps	☐ dull, achy cramps