

GivingTree Farm Herb Company

Constitutional Intake Form

Name _____ Phone _____ Today's Date ____/____/____

Your Birth Date ____/____/____ Mailing Address: _____

Email: _____ Emergency contact: _____

Directions For Filling Out The Form:

The following health questionnaire should be filled out and returned to me as soon as you are ready to set up an educational health consultation.

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The "Constitutional Intake Form" can be printed, filled out and mailed in, or can be copied and pasted to a Word file that you can then fill out and email to me. When you're ready, please fill out the form as completely as possible, which should take about twenty minutes. I've tried to make the form easy to answer, but if you need help with it, please call me. If you wish to elaborate on a question or condition, you may include additional information. As soon as I get your completed form, I will get back to you by phone, or email to set up an appointment.

After we receive your completed questionnaire I will set up an appointment, either at your home, over the phone, or in my office. During our time together, we will discuss any herbs that might be appropriate for you, and possibly create an herbal formula to "tonify" your particular "constitution." The information I share with you should be taken as educational, neither diagnostic nor prescriptive. The personal health information you share with me is completely confidential, however, I may feel the need to discuss your health with a colleague or your current health care practitioner. Please inform me if you do not consent to this arrangement.

There is no charge to fill out the form and for me to review it. My consultations in person, over the phone or via email, generally run from one to two hours and my fee is on a sliding scale, \$25 to \$125 per initial consultation, based on your ability to pay. Nobody will be refused a consultation with me for lack of funds, so please don't hesitate to send me your completed form. The cost of an herbal formula, should you decide to get it from me, will probably be between \$10 to \$20 dollars.

For every statement on the next two pages, simply check or place an "X" beside all the descriptions that apply, except where otherwise indicated.

UPPER GI

- ___ Sometimes nausea in mornings
- ___ Sometimes nausea in evenings
- ___ Sometimes excess salivation
- ___ Mouth frequently too dry
- ___ Duodenal ulcer
- ___ Stomach ulcer
- ___ Sometimes foul burps
- ___ Butterflies in stomach
- ___ Seldom eat breakfast
- ___ Often don't finish meals
- ___ Often eat to calm down
- ___ Receding gums
- ___ Frequent use of alcohol
- ___ Frequent poor appetite
- ___ Strong, demanding hunger
- ___ Bitter taste in morning
- ___ "Dragon breath" in morning
- ___ Acid indigestion at night
- ___ Frequent mouth or cold sores
- ___ Sometimes difficulty in swallowing
- ___ Indigestion after eating

LOWER GI

- ___ Stools loose with gas
- ___ Constipation with gas
- ___ Frequent constipation
- ___ Digestion unusually rapid
- ___ Loose stools when tired/stressed
- ___ Light colored, hard stools
- ___ Dark, soft stools
- ___ Quick defecation after eating
- ___ Intestines often bloated
- ___ Constipation with hemorrhoids
- ___ " w/ painful defecation
- ___ " w/ hard, marbly stools
- ___ " w/ fully formed stools
- ___ " " alternate w/ diarrhea
- ___ Frequent need for laxatives
- ___ Tongue often coated

LIVER

- ___ Dry, even scaly skin
- ___ Moist, sometimes oily skin
- ___ Hives from food or drugs
- ___ Hay fever or asthma
- ___ Craves proteins, fats
- ___ Craves fruit or sweets
- ___ Frequent trouble digesting fats
- ___ Acne on face AND buttocks
- ___ Seems to have low blood sugar
- ___ Had hepatitis in past
- ___ Frequent use of alcohol
- ___ Work with solvents
- ___ Psoriasis, eczema, dermatitis
- ___ Frequent minor illnesses
- ___ Fever w/sweat when sick
- ___ Don't sweat when sick

RENAL

- ___ Standing too quickly makes pulseroar in ears
- ___ Standing too quickly causes faintness, dizziness
- ___ Wakes up at night to urinate
- ___ Frequent flushing or blushing
- ___ Water retention with change of weather
- ___ Moderate high blood pressure, craves fats
- ___ Moderate low blood pressure, craves sweets
- ___ Frequent thirst
- ___ Craving for salt
- ___ Urine always light colored
- ___ Urine usually darker

LOWER URINARY TRACT

- ___ Frequent urination, small amounts
- ___ Infrequent urination, copious
- ___ Sometimes dribbles urine afterwards
- ___ Frequent bladder infections
- ___ Demanding and sudden need to urinate
- ___ Mucus in urine
- ___ Benign prostatic hypertrophy (males)
- ___ Dull ache after urination

REPRODUCTIVE - ALL

- ___ Sweat freely with strong scent
- ___ Oily skin, facial acne
- ___ Dry skin, cold hands and feet

WOMEN

- ___ Cycle more than 28 days
- ___ Cycle less than 28 days
- ___ Water retention before menses, hips, breasts
- ___ Water retention before menses, feet, hands
- ___ Craves fats, proteins before menses, usually
- ___ Craves sweets before menses, usually
- ___ Sides of breasts tender before menses
- ___ Miss some periods
- ___ Menses slow starting with cramps
- ___ Palpitations before menses
- ___ Menstruation lengthy, frequent cramps
- ___ Menstruation short, defined, few cramps
- ___ Frequent Class II Pap Smears
- ___ History of PID, cervicitis
- ___ Miscarriages, problem pregnancy
- ___ Period early w/altitude change
- ___ Period late w/altitude change
- ___ Tried, but couldn't handle birth control pills
- ___ Frequent candida/type infections.

MEN

- ___ Frequent cannabis user
- ___ Pain or ache after orgasm
- ___ Benign prostatic hypertrophy
- ___ Difficult maintaining erection even if you feel in the mood

RESPIRATORY

- Shortness of breath when standing or walking
- Tobacco smoker
- Easy coughing of mucus
- Difficulty swallowing mucus
- Rapid, shallow breather
- Sometimes wake up choking or gasping for breath
- Yawns frequently
- Sometimes hyperventilates
- Frequent chest colds

CARDIOVASCULAR

- Slow, strong pulse
- Fast, light pulse
- Frequent physical activity
- Warm bodied
- Cold bodied
- Sometimes dizzy or faint
- Hands warm, sweaty
- Hands cold, clammy or dry
- Palpitations either as an adolescent or before menses
- Hypertension, responds to diuretics
- Hypertension, not responding to diuretic

LYMPHATIC

- Recuperates quickly if ill
- Recuperates slowly if ill
- Injuries heal quickly
- Injuries heal slowly
- Eczema, dermatitis
- Asthma or hay fever
- Arthritis or rheumatism
- Digests fats easily
- Digests fats poorly

SKIN

- Skin eruptions superficial, come to a head
- Skin eruptions deep, not coming to a head
- Skin on trunk is dry
- Oily scalp or hair
- Dry scalp or hair
- Cracks, fissures on heel, feet, slow healing

MUCUS

- Sores, cracks, on mouth, anus, vagina
- Lips often dry, chapped
- Food often causes intestinal pain passing through
- Gets sore throat easily

GENERAL

Mark conditions that are frequent. If it is mild, mark "1"; if it is a dominant condition, Mark "2"

- Alluminum cooking vessels
- Awakens, can't go back to sleep
- Bad dreams
- Blurred vision
- Brown spots, bronzing of skin
- Bruises easily
- Can't gain weight
- Can't lose weight
- Can't get started without coffee
- Chemical or spray poisoning
- Chronic fatigue, depression
- Cry easily without seeming cause
- Depressed for long periods
- Earaches
- Eat often or else faint/nervous
- Eyes often red, inflamed
- Face, eyes get puffy
- Facial twitches
- Gum problems
- Headaches
- Headaches in morning, wearing off
- Heart palpitations when hungry
- Heart palpitations after eating
- Highly emotional
- Highly controlled
- Impaired hearing
- Increase in weight (recent)
- Lack of sensation somewhere in the body
- Likes depressants
- Likes stimulants
- Lower back pain
- Frequent muscle cramps
- Nails split, brittle
- Nails weak, ridges
- Nose bleeds frequently
- Pollution heavy in work or home environment
- Ringing in ears
- Pulse speeds up after meals
- Sensitive to cold weather
- Sensitive to hot weather
- Sensitive to high humidity
- Sensitive to low humidity
- Sexual desire decreased
- Sexual desire increased
- Stuffy nose during the day
- Stuffy nose in evening, night
- Tendency, seemingly, to anemia
- Tremors in hands or neck
- Varicose veins
- Weight gain in upper arms, shoulders, back of neck

PLEASE ANSWER QUESTIONS COMPLETELY TO THE BEST OF YOUR ABILITY

Are you currently under the care of a physician or other health care provider?

Name: _____

Have you been diagnosed with a chronic condition? If yes,

what: _____

Have you been seriously ill or injured within the past 12 months? If yes,

what: _____

Have you been hospitalized within the past 12 months? If yes,

what: _____

Are you taking any prescription medications or receiving any kind of treatment?

Please describe: _____

Please describe what you eat:

Do you take any vitamin, mineral or other supplements? What kind and how often?

Do you exercise regularly or participate in a sport ? What kind and how often?

How has the past year been for you emotionally? Spiritually?

How would you describe your mental health during the last 12 months?

PLEASE DESCRIBE ANY ADDITIONAL THINGS YOU WISH TO MENTION:

PLEASE CHECK ALL THAT APPLY

HEALTH HISTORY

- | | | |
|-----|-----|---|
| YES | NO | |
| ___ | ___ | Are you pregnant or attempting to get pregnant? |
| ___ | ___ | Have you ever had any broken bones? |
| ___ | ___ | Do you have a history of abuse? |
| ___ | ___ | Have you ever had back problems? |
| ___ | ___ | Do you wear contact lenses or glasses? |

Have you (SELF) or a family member (FAM) ever been diagnosed with any of the following? Family members include grandparents, mother, father, and siblings. **Write an "X" in column(s) where appropriate.**

SELF	FAM		SELF	FAM	
___	___	Allergies	___	___	Multiple Sclerosis
___	___	Cancer	___	___	Osteoporosis
___	___	Diabetes	___	___	Parkinson's
___	___	Elevated cholesterol	___	___	Seizures
___	___	Heart disease	___	___	Sexually transmitted disease
___	___	High blood pressure	___	___	Stroke
___	___	Hepatitis	___	___	Thyroid disease
___	___	HIV	___	___	Other: Describe_____
___	___	Migraines			_____

By signing this form I give my consent and authorize Lawrence Birch, CCH, to review the medical information in his possession for the purposes of completing a "constitutional review" of my current state of health. Furthermore, if Lawrence Birch deems it necessary to discuss the information contained herein with another health care practitioner, I also give my consent and authorize him to do so.

Print Name: _____ Date: _____

Signature: _____