

Client Name:

Date of Birth:

When you sleep, do you ever wake up sweating? If you have night sweats, how regularly do you have them?

If you're experiencing pain, is it stronger in the morning when you wake up?  
or do you feel it more in the day when you're exercising?  
Does it go away when you're exercising?

When you eat food do you ever had acid reflux or burning sensations in the back of the throat?

Do you ever get red eyes?

Are any parts of your body swollen right now?  
If so, what makes them feel better?  
Heat, cold, movement, massage, rest?

Do you have any varicose veins?

Do you ever experience a bloated feeling after eating?

Do you struggle to sleep?  
If so, how? E.g Wake up during the night, restless leg syndrome, or take a long time to fall asleep.

Whilst experiencing sleeplessness, what is your state of being? E.g Anxious, physically restless, too hot etc.

Do you ever get clammy/sweaty hands/palms? How often if so?

How strong is your appetite?  
Do you eat three normal size meals a day or less?  
Do you snack often?  
Are you hungry all the time?

Do you ever have a runny nose even when you don't have a cold or flu?

Do you ever have heart palpitations or irregular feeling heart beat?

Do you get cold fingers and toes?

Do you often get headaches? How often?  
Are they seasonal, if so, what season makes them worse?  
Does the sun and heat make them worse?

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Do you cry or feel like crying often? Or semi-often?

Do you ever experience itching symptoms?  
If so, how frequently and where?

How often do you feel nauseous or queasy?

Do you ever get dry eyes?

How often do you experience feelings of frustration, irritation, and or anger?

If you're a biological woman (pre-menopause), are you're menstruations regular?  
Are there any irregularities there? E.g heavy flows, patchy flows, abnormally colored discharge (Answer in as much or little detail as you feel comfortable with).

Do you often feel tense, or on edge?

Do you sweat a lot?

Do you struggle to get up in the morning?  
Physically/mentally?

Do you urinate a lot? (More than 10 times a day)

Do you bruise easily? Do you bruises take a long time to go away?

Would you describe yourself as 'overly sensitive'? -Could be with textures, noise, social settings, or any other environmental and physical factors (name them).

Do you ever experience hayfever?

How often do you have colds/flus?

How often do you have a bowel movement?  
Do you ever have less or more bowel movements than that frequency? If so, any idea what triggers that?

Do any parts of your body feel regularly tight or tense?

What kind of bowel movements do you have?  
Well formed but easy/smooth to expel?  
Runny or not well formed with a rapid evacuation?  
Small pellets?

Hard and dry?  
Hard and rough?

How often do you experience a hoarseness of voice? Or roughness of the throat?

Does the wind make you feel really cold? Are you sensitive to the wind?

Do you have any allergies (foods, pets etc)?

Do you ever experience flatulence issues? Is this a regular occurrence?

Do you ever feel short of breath? If so, when? (Intense exercise does not count).

Does warm weather aggravate any symptoms? E.g profuse sweating, itchy scalp?

Do you struggle to keep muscle mass?

Does your stomach rumble after eating?

Do you ever or often hear clicking or popping in your joints?

Do you get rashes?

Do you experience any pains in your digestive system? What kind, dull aches, start stabbing pains, or anything else?

Do you have a cough of any kind? Is it tickly and dry, wet and with mucous? Anything else?

Do you ever experience dry skin?

Is your digestion very sluggish in the morning, or is your appetite very low in the morning?

Do you get acne/pimples anywhere, if so where?

Do you grind your teeth or have jaw tension?

Do you ever have bad breath?

Do you ever experience trembling, or quivering sensations for no apparent reason? Could be in limbs, or in stomach/digestive area... wherever (please state area).

Are you experiencing any kind of hair loss? How so?

In person consultation use only:

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Pulses:

Tongue:

Other noticeable determinants