

Client Intake Form

All Information will be kept strictly confidential!

Please note that this form is for the purpose of building a comprehensive picture of your current state of health. What you disclose is entirely up to you, however, the more you do share the more complete that picture of your health will be and the more specific suggested treatments can be.

Name:

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Date of Birth:

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Age:

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Gender:

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General Information. Tell me anything you feel is relevant, important or concerning for you be as specific or as general as you like, note that what you write here doesn't have to be related to your health wants/needs (note also that there will be a place for getting specific about your conditions/ailments later):

What's going on right now?

What caused you to seek out help?

What concerns you?

<p>Symptom/Condition/Ailment (<b>No. 1</b>), name/description:</p>	
<p><u>Onset</u> When did the symptom first start, and what was going on in your life at the time? Can be emotional, relational, physical conditions e.g Lost job, blood pressure went up, was put on blood pressure medications etc) Date's can be as specific as possible. Please list any medications you were put on for this symptom here.</p>	
<p>What makes it worse or better? (Can be environmental factors like Sun/Heat, or certain foods, pressure, movement, herbs etc).</p>	
<p>What is the quality of the symptom? (How does it feel, e.g Dull Ache, feeling full and bloated or emotional).</p>	
<p>Where is the symptom located? And where has it spread to and what is it affecting? (E.g Pain in injured knee, sore back from walking different, can't sleep, irritable in the day).</p>	
<p>Severity: How bad does this symptom /ailment /condition feel, or how badly does it affect you?</p>	<p>Scale of 1-10 (1 very little, 10 alot/intense/badly).</p>
<p>Timing (When do you feel it most, time of day, year, time of menstrual cycle, season ).</p>	

See next page for specific symptom/health state questionnaire areas.

<p>Based on your answers to the above questions, if you think your symptoms/health state is not just related to a physical occurrence e.g breaking a bone or being around a toxin, then please list any emotional, mental or even spiritual causes that you feel may be behind, contributing to, or causing this health challenge.</p>	
<p>How do you think you could change your life to help this symptom to pass? (E.g changing work, ending a relationship, dancing more, finding new friends, writing a letter to someone etc).</p> <p>Or how could people in relationship with you change their behaviours to help you?</p>	
<p>What are the ways in which you hold yourself back from being healthier in general?</p> <p>And how do those things contribute to making this symptom or health state worse?</p>	

<p>Symptom/Condition/Ailment (<b>No. 2</b>), name/description:</p>	
<p>Onset When did the symptom first start, and what was going on in your life at the time? Can be emotional, relational, physical conditions e.g Lost job, blood pressure went up, was put on blood pressure medications etc) Date's can be as specific as possible. Please list any medications you were put on for this symptom here.</p>	
<p>What makes it worse or better? (Can be environmental factors like Sun/Heat, or certain foods, pressure, movement, herbs etc).</p>	
<p>What is the quality of the symptom? (How does it feel, e.g Dull Ache, feeling full and bloated or emotional).</p>	
<p>Where is the symptom located? And where has it spread to and what is it affecting? (E.g Pain in injured knee, sore back from walking different, can't sleep, irritable in the day).</p>	
<p>Severity: How bad does this symptom /ailment /condition feel, or how badly does it affect you?</p>	<p>Scale of 1-10 (1 very little, 10 alot/intense/badly).</p>

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<p>What are the ways in which you hold yourself back from being healthier in general?</p> <p>And how do those things contribute to making this symptom or health state worse?</p>	

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Any last things you would like to note:  
Please attach any prescription details here.

Disclaimer: Products sold by Soul Garden Medicines (SGM) have not been approved by the TGA, FDA or any other food and medicine licensing organisation, they are intended for self-directed research purposes only and are not sold on the grounds of diagnosis for the purposes of curing illnesses and injury. Product descriptions are not claims of what each product can do, rather, they are condensed compilations of other's scientific research conducted on their unique preparations of that plant, anecdotal evidence of previous users, and/or documented historical uses. All advice given through our communication channels is to enable the customer to select products most likely to fulfil their health desires, any treatment plan suggested is

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ultimately the responsibility of the client to fulfill, and there may be other factors influencing its outcome that Soul Garden Medicines has no control over or responsibility for. Any diagnosis and treatment given as a result of this form can never be fully guaranteed to be a complete cure. If any side-effects are experienced, please cease use immediately. Consult with your doctor if you think that SGM products are interacting negatively with your other medications. Finally, we would like to acknowledge that one's health is ultimately one's own responsibility, SGM does not take any responsibility for the state of health created by adding SGM products to their health regime or taking on any advice/guidance given in their retailing.