

FULL CONSULT (INITIAL INTAKE & CONSENT) EAST WEST FREE CLINIC INTAKE

NAME _____ Contact _____
Clinician(s) _____ Station _____

By signing below, I understand the staff of this center are not licensed medical doctors and do not diagnose or prescribe. I understand that the herbs and other recommendations I receive are traditionally considered safe. I assume all responsibility for decisions I make regarding my health.

Signature _____ DATE _____
DOB _____ AGE _____ Weight _____ Height _____ Pregnant / BF _____
Initial / Follow Up _____ ALC Yes/No _____ Immuno-Compromised _____
Main Complaint _____

Allergies _____

Prev. Diagnosis _____

Meds / Herbs (Product, Dose, CONTRAS, Common Side Effects, HERBS TO AVOID) _____

Doctor _____
HEALTH HISTORY (Birth/BF/Surg/Hosp/Trauma/Family) _____

DIET & DIGEST (what, when, treats, triggers, skip meals, ISSUES) H2O _____

ELIMINATION (BM/Urine/freq./quality) _____

SLEEP (wake rested/ schedule/ troubles) _____

Stress _____

Fun/Relax _____
Headaches? _____
Body Temp? _____
Exercise/Energy? _____

FEMALE: UTERINE Cycle length _____ Bleed length _____ Birth Control _____

QUALITY _____

Hysterectomy _____ **STD's** _____

Vag. dry / night sweats / cysts / H2O retention / headaches / clots / fibroids / tumors/ Inter Cyst / PID /

EMOTIONS _____ **DISCHARGE** _____ **CRAMPS** _____

OTHER _____

MALE: Prostate/Libido/Etc. _____

SYSTEMS (skeletal / joints / gums / teeth / ENT / eyes / skin / urinary / respiratory /thyroid / etc...)

PULSE **SPEED:** Fast / Slow **LOCATION:** Surface / Deep **FORCE:** Strong/Weak
COLD (*tight and slow, side-to-side*) **WIND** (*floating-ext /changing-int*) **DAMP** (*slippery, cotton, moist skin*)
HEAT & FIRE (*surging, urgent, rapid*) **SUMMER HEAT** (*floating,rapid,slip*) **HARDNESS** = Yin deficiency (Wirey)

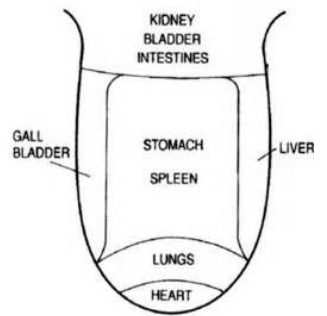
LEFT PULSE ENDOCRINE
(*const./essence -needs rest*)
D Heart _____
M Liver _____
P Kidney _____

RIGHT PULSE DIGESTIVE
(*acquired/vitality – diet & excercise*)
D Lung _____
M Stomach _____
P Bladder _____

BONES: Thin / Broad
HANDS: Warm / Cool / Moist / Dry
VOICE: Timid / Loud / Chatty
EYES: Puffy / Yellow / Red / Dark Circles

TISSUE: Watery / Fleshy / Sinewy / Boney
NAILS: _____
COMPLEXION: _____

TONGUE: Body Color: _____
Coat: _____
Shape: _____
Moisture: _____
Underneath: _____
Movement: _____



OTHER: _____

ASSESSMENT: _____

PLAN: _____

