Natural Health and Wellness Assessment Form

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| --- | --- | --- | --- |
| Student Name: | | | |
| Client Initials: |  | Gender: | M / F |
| Weight: |  | DOB: |  |
| Family Size: |  | Occupation: |  |

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| --- | --- | --- | --- |
| What does the client say about their health?  *(Prescription drugs or OTC, any present or past ailments)* | | | |
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| Does current medications have any interactions with herbs or vitamins/minerals? | | | |
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| Consultant Assessment Inquiry | | | |
| Describe a typical day of eating. | |  | |
| Do you have a regular physical movement regimen? Please describe. | |  | |
| What do think about yourself and where you are in life right now? | |  | |
| How are your relationships with family, lovers, friends, coworkers and people in general? | |  | |
| How is spirituality or religion used in your daily living? | |  | |
| What are your goals for your health? | |  | |
| Blood Pressure | | | |
| Systolic | Diastolic | | Pulse |
| Results Summary | | | |

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| Potential for Hydrogen - pH |
| Saliva: \_\_\_\_\_ 1 urine + (2)saliva = Average pH \_\_\_\_\_ Acid \_\_\_\_\_  Urine: \_\_\_\_\_ 3 Alkaline \_\_\_\_\_  Normal \_\_\_\_\_ |

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| --- | --- | --- | --- | --- |
| pH Disease Progression | | | | |
|  | Mild | Acute | Chronic | Degenerative |
| Saliva | Alkaline | Alkaline | Acid | Acid |
| Urine | Alkaline | Acid | Alkaline | Acid |

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| Urine Assessment: Multistix 10 SG Test Results | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Color | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straw/Amber | | | | |  | | Colorless | | | | |  | Blue | | |  | Orange | | | | |  | | Milk | | |  |
| Yellow | | | | |  | | Brown | | | | |  | Red | | |  | Green | | | | |  | | Black | | |  |
| Results: Normal \_\_\_\_\_  Indication: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clarity | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clear | | |  | | | Smokey | | | | |  | | Turbidity | | | |  | | | | Mucous | | | |  | | |
| Results: Normal \_\_\_\_\_  Indication: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Odor | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low | |  | | Sweet | | | |  | | Ammonia | | | |  | | Offensive | | |  | | | | Medicinal | | |  | |
|  |  | | |  | | | |  |  | | | |  | |  | | |  | |  | | | | | | |  |
| Results: Normal \_\_\_\_\_  Indication: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| Results | Indications | |
| Glucose |  | |
| Bilirubin |  | |
| Ketones |  | |
| Specific Gravity |  | |
| Blood Hemolyzed |  | Non-Hemolyzed |
| Protein |  | |
| Urobilinogen |  | |
| Nitrite |  | |
| Leukocytes |  | |

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| Area | Visual Evidence | Indications |
| Face |  |  |
| Lips |  |  |
| Tongue |  |  |
| Teeth |  |  |
| Natural Health and Wellness Assessment Form | | |
| Area | Visual Evidence | Indication |
| Eyes –Iris |  |  |
| Hands |  |  |
| Feet |  |  |

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| Overall Evaluation – List the results from the physical.  *Example: The Urine revealed…the Iris revealed…the face revealed…the BP revealed…etc…* | |
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| Remedy List – List the Key areas the client will need to focus on that is most crucial in the healing process at this time. | |
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| Foods – List foods that are recommended for focus areas from the remedy list and overall evaluation. | |
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| Supplements – List supplements that are recommended for focus areas from the remedy list and overall evaluation. Indicate use. | |
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| Therapeutic Herbs – List herbs that are recommended for focus areas from the remedy list and overall evaluation. Please consider your clients accessibility. Indicate use and MOA. |
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| Physical Enhancements – Shiatsu, Reiki, Dance, Sauna, spa therapy, etc… |
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| Spiritual Enhancements –Meditation, prayer, chanting, divination, etc… |
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| Emotional Enhancements – Love Sessions, family meeting, forgiveness, etc… |
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| Mental Enhancements – Type of learner and Learning Style, Recommended readings, meditations, etc… |
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