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 |  |
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| 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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