**CASE HISTORY**

Submitted by:

**Client Details:**

Age

Gender Assigned at Birth:

Identifying Gender:

Height

Weight

BP

HR

**PART A INTAKE**

**Chief Complaint:**

**History of Present Illness or condition:**

**Past Medical History:**

**Current Medications/Supplements/Herbs**

**and any such items taken in past 3 years**

**Family Health History:**

**Social History:**

**(living situation, community, family and friends, occupation, pleasures and stress release)**

**General Markers of Health:**

**(Stress, Temperature, Appetite, Mood, Sleep)**

**Review of Systems:**

*Describe any pertinent information.*

*If a category is unremarkable note WNL (within normal limits)*

Integumentary:

Hematologic/Lymphatic:

Cardiovascular:

HEENT (head, eyes, ears, nose, throat)

Endocrinological:

Gastrointestinal:

Respiratory:

Genito-urinary:

Gynecological:

Allergic / Immune:

Musculoskeletal:

Psychological:

**3 DAY DIET JOURNAL**

Including beverages and water intake.

*Please indicate the type of water consumed and the quality of food*.

| **MEAL** | **DAY ONE** | **DAY TWO** | **DAY THREE** |
| --- | --- | --- | --- |
| **AM Breakfast** |  |  |  |
| **Snack** |  |  |  |
| **PM Lunch** |  |  |  |
| **Snack** |  |  |  |
| **PM Dinner** |  |  |  |

**Additional Notes:**

**Physical Evaluation including Constitutional Assessment:**

Description of Pulse:

Description of Tongue

**PART B ASSESSMENT**

Working assessment:

Differential Diagnosis:

Holistic Impression / Treatment Statement:

**PART C: RECOMMENDATIONS / TREATMENT**

**Detail the following:**

* Herbal Formulations with ingredients / parts per herb with rationale for each.
* Supplement recommendations and / or adjustments to existing supplementation. Include brands and doses
* Counselling advice offered directly to client
* Referrals to other Practitioners
* Details regarding any subsequent follow up