

# Naturopathic Consultation

Surname \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Consultation date \_\_\_\_\_ Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

## Disclaimer

Please note that there is no assurance of achieving a desired or specific result in treatment. Although everything possible is done to ensure a positive outcome, each patient responds differently to care. Jessica Ehrlich advises you to always seek the advice of your physician or other qualified health provider prior to starting any new treatment or with any questions you may have regarding a medical condition.

Your progress in treatment is based on many factors, including your commitment to making lifestyle changes, compliance with suggestions, and adherence to the treatment plan.

By commencing treatment, you agree that Jessica Ehrlich is not responsible for the success or failure of the treatment outcome.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Main Complaint/how long/when did it start \_\_\_\_\_

---

---

---

---

---

---

---

---

Aggravations/improvements \_\_\_\_\_

Other complaints \_\_\_\_\_

---

---

---

---

---

---

---

---

Medications \_\_\_\_\_

Supplements \_\_\_\_\_

Exercise regime \_\_\_\_\_

Diet (intolerances/preferences) \_\_\_\_\_

Breakfast –

Morning tea –

Lunch –

Afternoon tea –

Dinner –

Desert –

Alcohol (type + p/week) \_\_\_\_\_ Water (glasses p/day) \_\_\_\_\_

Smoker \_\_\_\_\_ Hobbies/interests \_\_\_\_\_

Describe your sleep \_\_\_\_\_

Surgeries \_\_\_\_\_

Accidents/traumas \_\_\_\_\_

Family History \_\_\_\_\_

Medically diagnosed issues \_\_\_\_\_

Are you pregnant Yes/No    Menopausal Yes/No    Do you suffer PMS Yes/No

Iridology \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

Other/more research/investigation \_\_\_\_\_

Treatment options/prescriptions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short term goals \_\_\_\_\_

\_\_\_\_\_

Long term goals \_\_\_\_\_

\_\_\_\_\_

Subsequent visits \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_