# *Sage Consulting & Apothecary*

2727 North Tejon Street • Colorado Springs, CO 80907
719-473-9702 • 888-350- 3911 • FAX 888-473-7172 • clinic@sagewomanherbs.com

# CLIENT INTAKE AGREEMENT

We appreciate your taking the time to review this information, complete the enclosed forms and supply us with the items requested below.

***Please fill out the following forms completely:***

1) **Personal Health Profile**

- ❏ **Most recent** CBC blood work panel and any other lab results if relevant to your diagnosis.
- ❏ Baseline CBC or other blood work taken at time of diagnosis.
- ❏ If you are having a SKYPE or phone consultation, please provide a recent photo of your face, tongue (do not scrape first) and nails if possible

2) **Informed Consent Form**

3) **3-day journal** of all your meals, snacks and beverages. Include times of day you are eating.

**POLICIES AND PROCEDURES**

- If SKYPE or phone appointment, please fax/ email the requested information to us 24 hours in advance of your scheduled appointment.
- If you are sending via postal mail, please send 1 week in advance.

*****CANCELLATION POLICY*****

- If you need to reschedule or cancel your appointment, please notify the office with *at least 24 hours advance notice to avoid a cancellation fee.*
- Be advised that you will be charged $60 for a new consult, or $25 for a follow-up if your scheduled is cancelled with less than 24 hours notice.
- Thank you for your consideration of the practitioner's time and of others waiting for appointments.

***Here's a checklist for your upcoming appointment:***

- ❏ Please do not scrape or brush your tongue the morning of your appointment.
- ❏ If possible, do not wear fingernail polish or makeup.

**INITIAL CONSULT - WHAT YOU SHOULD EXPECT**

While the initial consult usually runs one and a half hours, it may be shorter depending on the extent of medical history, amount of material needing to be covered and the number of questions you may have. While you wait, your practitioner will review your health history along with other relevant areas of your life. Your practitioner will make nutritional, dietary, lifestyle and other recommendations. You will receive a written protocol, which includes the name and recommended dose of each herbal and nutritional compound.

You can expect your practitioner to spend an initial 20-30 minutes of your appointment time reviewing the information you have brought in with you. Following, you will be invited in to begin working together on a detailed treatment plan. You will also be provided a detailed copy of your plan with instructions and reminders of strategies.

## YOUR PROTOCOL

Typically, we find the best results with a combination of very specialized nutritional and herbal supplements and typically a liquid herbal tonic custom-blended for each individual. Dietary and lifestyle changes are essential to true healing and to facilitate the therapeutic response of the natural compounds and herbs. We may recommend exercise, dietary changes or other types of therapy, such as acupuncture or counseling, which may be helpful. Often, you will be encouraged to be still in meditation or prayer on a daily basis. The types of things we recommend are determined by your current health, constitutional evaluation, and your willingness to change.

## YOUR HEALING

Your protocol, along with other recommendations we may make, is designed to help your healing process at all levels. It is very important that you know we want to help you improve your health and well-being. A willingness to change and grow, being open to new ideas and lifestyle changes facilitates and maximizes your healing ability.

## RECOMMENDED PRODUCTS

Part of our service to you is the benefit of our practitioner's many years of experience and research in the health field. Because of this, her product recommendations are most often brand specific. She is very particular and uses only high-quality products with which she sees consistent, good therapeutic results. We stock a full dispensary of supplements, natural compounds and herbal preparations based on our practitioner's research and experience. Many of these compounds are not found in health food stores as they are sold to practitioners only. With this consistency in product quality and potency, our practitioner is better able to assess your progress.

## COST OF YOUR PROTOCOL

For many, the expense of supplements and herbs is an issue. We stock top-quality medicinals and have a reasonable mark-up. For more common health issues, our protocols can range from around $75 a month, up to $500 dollars for serious, life threatening issues. If you do not have extremely serious issues, and you are willing to make teas and cap your own herbs or take powdered herbs in applesauce, please let the practitioner know and she will accommodate your needs when she prepares your protocol. We do not mind if you can get the same brand we recommend for a lower price somewhere else. Be aware we give 15% off of most products to clients at the time of their appointment.

## FOLLOW-UP CONSULTS

These are set per the practitioner's recommendation and by mutual agreement. Usually, a given protocol is followed for 1 to 3 months. For optimal results, the client needs to be reassessed at this time so that appropriate changes can be made to the herbal formulation and nutritional protocol. You may, of course, schedule a consult prior to your follow-up if you have something you would like to discuss sooner.

## CLIENT QUESTIONS

Our highly qualified office staff can answer many of your questions and otherwise act as liaison between clients and practitioners to get your questions answered effectively. Please call in your questions to us. Valerie will review all questions once or twice a week and respond as quickly as she is able, usually within a day or two, or sooner for urgent issues.

## ADVISE US OF ANY CHANGES

Please advise your practitioner of any changes in your medical protocol, as well as any changes in your wellbeing or health. In other words, please keep us posted – again e-mail or fax are the most efficient. If your medical protocol is going to change completely, please set up a follow-up consult as soon as possible so our practitioner can address these changes appropriately.

## ORDERING PROCEDURES

Sage Consulting & Apothecary offers an extensive Apothecary of herbal and nutritional formulations carefully chosen for their quality, purity, potency and clinical effectiveness. In order to receive items on your protocol, we must first receive your order by phone, fax or email.

Call our dispensary direct at 719-473-9702 or toll free at 888-350-3911 or email at clinic@sagewomanherbs.com. Our fax number is: 888-473-7172.

# INFORMED CONSENT FORM

## NOTICE TO ALL STUDENTS & CLIENTS

The United States of America currently has no licensing policy in regards to Herbal Medicine, and I, a clinical Herbalist, Valerie Ann Blankenship, am not a licensed Medical Doctor. I do not deal with drugs, nor do I issue a diagnosis or suggest cures.

My purpose is simply to educate my client and/or student and his or her body as to healing by natural processes. I consider herbs and foods to be nutritional assets to health and it is in this way that I offer my advice. Although I personally believe herbs are a part of good health care, I make no claims for their medicinal actions. Any information offered is done so on the basis of research and scientific evidence and traditional uses.

My clients/students agree to make their own choices as to what they do with the educational material they have been offered and are solely responsible for their own decisions and actions.

It is always my suggestion that the client/student should seek out the advice of a licensed health care practitioner whenever they feel it is necessary in regard to their own personal health.

I have read the above statement and I understand and agree with it. My purpose to seeking the advice of Valerie Ann Blankenship is done so for educational and nutritional purposes only.

**Signature**: _____ **Date**:_____

*****CANCELLATION POLICY*****

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- Be advised that you will be charged $60 for a new client consultation, or $25 for a follow-up if your scheduled appointment is cancelled with less than 24 hours notice.
- This fee is NOT WAIVED if participating in the Unlimited Holistic Health Plan.

I have read the above statement and I understand and agree to it.

**Signature**: _____ **Date**:_____

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# PERSONAL HEALTH PROFILE

"If you are not ready to alter your way of life, you cannot be healed…" Hippocrates

NAME:_____ AGE: _____

PHONE #: (HOME)_____ (CELL) _____ Circle Preference: H / C

SKYPE ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP:_____

EMAIL ADDRESS:_____ Referred By: _____

DATE OF INITIAL APPOINTMENT: _____ DAY OF WEEK: _____ TIME: _____

## KEY AREAS OF PHYSICAL CONCERN:

In this section, list your main physical complaints on the lines below and rate them by severity on a scale of 1-10, with 10 being the most severe. Where is this issue currently?

| **HEALTH ISSUE** | **SEVERITY** |
|---|---|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

HAVE YOU SEEN ANY DOCTORS OR OTHER THERAPISTS REGARDING THE ABOVE HEALTH

ISSUES: _____

Practitioner Names: _____

**HEALTH STATUS:** Check each column below where symptoms apply.

✓= sometimes experience ✓✓= occurs often ✓✓✓= major concern

## Cardiovascular

_ High blood pressure
_ Low blood pressure
_ Pain upper left chest
_ Poor circulation
_ Swelling ankles/joints
_ Heart palpitations
_ Previous stroke
_ Cold hands/feet
_ Tingling arms/hands
_ High cholesterol
_ Poor cholesterol ratios

## Muscles/ Joints

_ Backache upper/lower
_ Broken bones past/present
_ Osteoarthritis
_ Rheumatoid arthritis
_ Stiffness in joints

## Eyes, Ears, Nose & Throat

_ Ear aches
_ Eye pains, dry/teary
_ Failing/ worsening vision
_ Hearing loss
_ Excessive ear wax

## Urinary/ Kidney

_ Excessive urination
_ Water retention
_ Kidney stones past/present
_ Lower back stiffness/ soreness
_ Dark circles under eyes
_ Up to urinate 1/night
_ Up to urinate 2+ /night
_ Burning urination
_ Blood in urine
_ Dark, cloudy urine

## Skin

_ Boils
_ Bruises
_ Dryness
_ Itching
_ Varicose veins
_ Cysts
_ Pimples
_ Sores
_ Broken veins

## Respiratory

_ Difficulty breathing
_ Cough
_ Sinus congestion
_ Frequent colds
_ Emphysema
_ Sinus infections
_ Asthma attacks
_ Post nasal drip
_ Sore throat

## Gastrointestinal

_ Belching
_ Colitis
_ Constipation
_ Hepatitis
_ Gallstones
_ Ulcers
_ Abdominal pain
_ Indigestion
_ Burning esophagus
_ Gas
_ Abdominal cramps
_ 1 bowel movemnt/day
_ 2 bm /day
_ 1 bm / every other day
_ 2 or less bm /week
_ Blood in stools
_ Light colored stools
_ Black, tarry stools
_ Frequent diarrhea

## Other

_ Memory problems
_ Dizziness
_ Crave sweets, breads or alcohol
_ Athlete's foot, jock rash
_ Sensitive to tobacco, chemical odors, perfume
_ Uncomfortable in moldy, damp rooms
_ Toenail fungus
_ Tongue coated heavy white/ yellow in a.m.

## Allergies

Do you have allergies: ❑ No ❑ Yes; to what? _____

_____

Medication or herb allergies: ❑ No ❑ Yes; to what? _____

_____

Food allergies: ❑ No ❑ Yes; to what?_____

_____

## History

Have you had any operations? ❑ No ❑ Yes; list with dates_____

_____

Any major injuries/ accidents? ❑ No ❑ Yes; list with dates _____

_____

Any major illness/ hospitalizations? ❑ No ❑ Yes; list with dates _____

_____

Do you take any supplements on a regular basis? ❑ No ❑ Yes; list below:

Name of supplement Dosage Used for what purpose?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you take any medications on a regular basis? ❑ No ❑ Yes; list below:

Name of medication Dosage Used for what purpose?

_____

_____

_____

_____

_____

_____

_____

Attach additional sheets if necessary.

## Common Physical Activities

❏ Sitting at a desk (how long:_____)
❏ Sitting in a car (how long:_____)
❏ Standing (how long:_____)
❏ Jogging/ running (# times per week ___)
❏ Aerobics
❏ Swimming
❏ Weight-lifting
❏ Walking
❏ Yoga
❏ Tai Chi
❏ Hiking
❏ Bike-riding
❏ Horseback riding
❏ Tennis

Do any of the above activities aggravate a current health condition? ❏ No ❏ Yes; explain below:_____

_____

## Dietary Habits

Please check each item below if it is included in your daily / usual diet:

❏ Canned foods
❏ Fresh vegetables
❏ Red meat/ non-organic
❏ Red meat/ organic or game
❏ White sugar
❏ Brown sugar
❏ Honey
❏ Sweet and Low, nutrasweet, etc.
❏ Soft drinks with sugar (___ /day)
❏ Soft drinks with nutrasweet (___ /day)
❏ Butter
❏ Margarine
❏ Fruits, fresh
❏ Fruits, canned
❏ Canola, Wesson, or vegetable oil
❏ Raw vegetables
❏ Cooked veggies
❏ Desserts
❏ Coffee (___ cups/day)
❏ Black tea (___cups/day)
❏ Wine (___ cups/day)
❏ Other alcohol (___drinks/day)
❏ Cigarettes (___ /day)
❏ Salt (list type) _____
❏ Soy
❏ Kombucha
❏ Kefir or fermented food
❏ Coconut oil ❏ Olive oil

Do you drink filtered water or tap water? _____
If you use a filter, what type and/or conditioner do you use? _____
If delivered or purchased, is it distilled or reverse osmosis? _____
How much water do you drink on a regular basis? _____

List a typical day's meals:
Breakfast: _____
Lunch: _____
Snacks: _____
Dinner: _____
Desserts: _____
What areas do you feel need to be changed for your diet?_____

## Family History

CHECK any significant immediate family health history:

❑ Diabetes ❑ Cancer ❑ Heart conditions ❑ Mental illness
❑ Asthma ❑ Gout ❑ Epilepsy ❑ Thyroid problems
❑ Other:_____

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## FOR MEN ONLY

❑ Frequency of urination
❑ Hesitancy when urinating
❑ Difficulty getting/ maintaining erection
❑ Swollen prostrate
❑ Painful urination
❑ Benign Prostatic Hyperplasia

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## FOR WOMEN ONLY

❑ Used birth control? (how long?) _____
❑ Used hormone replacement therapy (how long?) _____
❑ Uterine fibroids
❑ Uterine cysts
❑ Endometriosis
❑ Cervical dysplasia
❑ Pelvic pain (for how long?) _____
❑ Painful intercourse
❑ Difficulty conceiving
❑ Genital herpes
❑ Pelvic inflammatory disease
❑ Vaginal infection (type?) _____
❑ Breast pain, related to cycle? _____
❑ Breast lumps, change with cycle? _____
❑ Vaginal discharge (diagnosed?) _____
❑ Headaches (how frequent?) _____ (how long do they last?) _____
❑ Hot flashes
❑ Dramatic mood swings
❑ Pounding heart
❑ Dry vaginal lining
❑ Osteoporosis
❑ Break through bleeding or spotting between periods
❑ Heavy menstrual bleeding during period
❑ Painful menstrual cramps
❑ Absence of menstrual cycle
❑ Dramatic mood swings around cycle
❑ Irregular menstrual cycles

**CONSTITUTIONAL INTAKE FORM:** ✓Check all concerns ✓

UPPER GI
— Sometimes nausea in the mornings
— Sometimes nausea in the evenings
— Sometimes excess salivation
— Mouth frequently too dry
— Duodenal ulcer
— Stomach ulcer
— Sometimes foul burps
— Butterflies in stomach
— Seldom eat breakfast
— Often don't finish meals
— Often eat to calm down
— Receding gums
— Frequent use of alcohol
— Frequent poor appetite
— Strong demanding hunger
— Bitter taste in the morning
— "Dragon breath" in morning
— Acid indigestion at night
— Frequent mouth/ cold sores
— Sometimes difficulty swallowing
— Indigestion after eating

LOWER GI
— Stools loose with gas
— Constipation with gas
— Frequent constipation
— Digestion unusually rapid
— Loose stools when tired/ stressed
— Light colored, hard stools
— Dark, soft stools
— Quick defecation after eating
— Intestines often bloated
— Constipation with hemorrhoids
— With painful defecation
— With hard, marbly stools
— With fully formed stools
— Alternates with diarrhea
— Frequent need for laxatives
— Tongue often coated

LIVER
— Dry, scaly skin
— Moist, oily skin
— Hives from food/ drugs
— Hay fever or asthma
— Crave proteins, fats
— Crave fruit, sweets
— Frequent trouble digesting fats
— Acne on face AND buttocks
— Seems to have low blood sugar
— Had hepatitis in past
— Frequent use of alcohol
— Work with solvents
— Psoriasis, eczema, dermatitis
— Frequent minor illnesses
— Fever w/sweat when sick
— Do not sweat when sick

RENAL
— Standing too quickly makes pulse roar in ears
— Standing too quickly causes faint/ dizziness
— Wakes up at night to urinate
— Frequent flushing or blushing
— Water retention with change of weather
— Moderate high blood pressure, craves fats
— Moderate low blood pressure, craves sweets
— Frequent thirst
— Craving for salt
— Urine always light colored
— Urine usually darker

LOWER URINARY TRACT
— Frequent urination, small amounts
— Infrequent urination, copious
— Sometimes dribbles urine afterwards
— Frequent bladder infections
— Demanding and sudden need to urinate
— Mucus in urine
— Benign prostatic hypertrophy (males)
— Dull ache after urination

REPRODUCTIVE – ALL
— Sweat freely with strong scent
— Oily skin, facial acne
— Dry skin, cold hands and feet

WOMEN
— Cycle more than 28 days
— Cycle less than 28 days
— Water retention before menses, hips, breasts
— Water retention before menses, feet, hands
— Craves fats, proteins before menses, usually
— Craves sweets before menses, usually
— Sides of breasts tender before menses
— Miss some periods
— Menses slow starting with cramps
— Palpitations before menses
— Menstruation lengthy, frequent cramps
— Menstruation short, defined, few cramps
— Frequent class II pap smears
— History of PID, cervicitis
— Period early with altitude change
— Period late with altitude change
— Tried, but couldn't handle birth control pills
— Frequent candida/ type infections

MEN
— Frequent cannabis user
— Pain or ache after orgasm
— Benign prostatic hypertrophy
— Difficult maintaining erection even in mood

RESPIRATORY
- — Shortness of breath when stand/walking
- — Tobacco smoker
- — Easy coughing of mucus
- — Difficulty swallowing mucus
- — Rapid, shallow breather
- — Sometimes wake choking/ gasping for breath
- — Yawns frequently
- — Sometimes hyperventilates
- — Frequent chest colds

CARDIOVASCULAR
- — Slow strong pulse
- — Fast, light pulse
- — Frequent physical activity
- — Warm bodied
- — Cold bodied
- — Sometimes dizzy or faint
- — Hands warm, sweaty
- — Hands cold, clammy or dry
- — Palpitations either as adolescent or before menses
- — Hypertension, responds to diuretics
- — Hypertension, not responding to diuretics

LYMPHATIC
- — Recuperates quickly if ill
- — Recuperates slowly if ill
- — Injuries heal quickly
- — Injuries heal slowly
- — Eczema, dermatitis
- — Asthma or hay fever
- — Arthritis or rheumatism
- — Digests fats easily
- — Digests fats poorly

SKIN
- — Skin eruptions superficial, come to a head
- — Skin eruptions deep, not coming to a head
- — Skin on trunk is dry
- — Oily scalp or hair
- — Dry scalp or hair
- — Cracks, fissures on heel, feet, slow healing

MUCUS
- — Sores, cracks on mouth, anus, vagina
- — Lips often dry, chapped
- — Food often causes intestinal pain passing
- — Gets sore throat easily

GENERAL: Mark mild = ✓; dominant = ✓✓
- — Aluminum cooking vessels
- — Awakens, can't go back to sleep
- — Bad dreams
- — Blurred vision
- — Brown spots, bronzing of skin
- — Bruises easily
- — Can't gain weight
- — Can't lose weight
- — Can't get started without coffee
- — Chemical or spray poisoning
- — Chronic fatigue, depression
- — Cry easily without seeming cause
- — Depressed for long periods
- — Earaches
- — Eat often or else faint/nervous
- — Eyes often red, inflamed
- — Face, eyes get puffy
- — Facial twitches
- — Gum problems
- — Headaches
- — Headaches in mornings, wearing off
- — Heart palpitations when hungry
- — Highly emotional
- — Highly controlled
- — Impaired hearing
- — Increase in weight (recent)
- — Lack of sensation somewhere in body
- — Likes depressants
- — Likes stimulants
- — Lower back pain
- — Frequent muscle cramps
- — Nails split, brittle
- — Nails weak, ridges
- — Nose bleeds frequently
- — Pollution heavy work/home environment
- — Ringing in ears
- — Pulse speeds up after meals
- — Sensitive to cold / hot weather
- — Sensitive to high / low humidity
- — Sexual desire increased / decreased
- — Stuffy nose during day / evening
- — Tendency seemingly to anemia
- — Tremors in hands or neck
- — Varicose veins
- — Weight gain in upper arms, shoulders, neck

ADDITIONAL THINGS YOU WISH TO MENTION: _____

_____