Tea Cell Case Intake

Section to l	be filled out by	Certified H	erbalist			
Clinician:			ase Number:			
Date:	_//					
Section to l	be filled out by	Client				
			Client Inform			
				Height::		
Weight:	Pounds	Kilogr	ams			
Pregnant/B	reastfeeding:					
Occupation	n(s):					
Reason for	Visit:					
Primary He	ealth Goal:					
Secondary	Health Goal (if	any):				
			Medical Hist	ory(hx)		
Medication	History:				 	
Drugs/Med	ications:					
Herbs:						
Supplemen	ts:					

Past Surgeries/Hospitalizations:	
Family Health History(hx):	
Personal History(hx) Overview:	
	gns and Symptoms
Elimination Habits:	
Appetite:	
Energy:	
Cold/Hot:	
Perspiration:	
Memory:	
Thirst:	
Sleep:	
Hearing:	
Pulse:	
Tongue:	
Eyes:	

Skin:
Mental/Emotional:
Pain:
Digestion:
Headaches:
Physical Activity/Exercise Overview:
Stress Factors Summary:
Lifestyle Overview:
Diet Overview:
Women, Reproductive health//history:
Other issues:
To be filled out by Certified Herbalist with Client
Observational Assessment
Constitution/Character:
Pulse:
Tongue:
Voice:

Hair:						
Teeth:						
Other Physic	al Observation	ıs:				
		(Case Summ	nary		
			Case Summa	ry		
Section to be	filled out by Ce	rtified Herb	palist			
Clinician:		Case	e Number:			
Date:	//					
Section to be	e filled out by (○1• t v. e	•		
			C lient Informat	ion 		
Gender:	Age:	Yrs.	Mos.	Height:	Ft.	In.
Weight:	Pounds	Kil	ograms			
Pregnant/Br	eastfeeding:					
Occupation(s	s):					
Reason for V	isit:					

Skin:

Primary Health Goal:
Secondary Health Goal (if any):
Section to be filled out by Certified Herbalist
Summary
Summary of Primary Symptoms:
Case Analysis:
Case Analysis:
Case Analysis:

TCM, Western and/or Ayurvedic Assessment:
Treatment Strategy (root and branch)
Primary Herbal Recommendations (preparation and dosage)

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Notes on Possible Future Recommendations:
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Self-Observation

Other Recommendations (including Essential Oils):

Follow- Ups

First Follow Up

	Case Summary									
Section to	be filled out by	Certified Herbal								
Clinician:		Case	e Number:							
Date:	//									
			Client Informat							
				Height:						
Weight:	Pounds	Kilograms								
Pregnant/E	Breastfeeding:									
Occupation	n(s):									
Reason for	Visit:									
Primary He	ealth Goal:									
Secondary	Health Goal (if	any):								

Summary
Summary of Primary Symptoms:
Case Analysis:
TCM, Western and/or Ayurvedic Assessment:

Primary Herbal Recommendations	(preparation and	dosage)	
Other Recommendations: •			
•			
•			
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Treatment Strategy (root and branch)

Notes on Possible Future Recommendations:
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Self-Observation

Case Summary							
Section to be fi			 Ierbalist				
Clinician:			Case Number:				
Date:/_	/						
Section to be fi	illed out by C	ertified H	Ierbalist with Cli	ent			
			Client Infor				
Gender:			Mos.			In.	
Weight:	Pounds		Kilograms				
Pregnant/Breas	stfeeding:						
Occupation(s):							
Reason for Visi	t						
Primary Health	ı Coal						
Primary nearm	i Guai						
Secondary Hea	lth Goal (if an	nv)•					
occondary rica	ıdı Guai (II all	ı <i>y J</i> •					

Summary
Summary of Primary Symptoms:
Case Analysis:
TCM, Western and/or Ayurvedic Assessment:

Primary Herbal Recommendations (preparation and dosage)			
Other Recommendations:			
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•			
•			
•			

Treatment Strategy (root and branch)

Notes on Possible Future Recommendations: • • • • •

Self-Observation

Final Report	
Comparison(s):	
Technique(s):	
Herbal Dosage:	
Findings:	
Impression:	
Dictation By:	
Dictated By: Electronically Signed By:	Dictated Time/Date: Signed On:
Primary Herbalist Signed: Kevin D. Griffin	

Certified Herbalist