

# Tea Cell Case Intake

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## Section to be filled out by Certified Herbalist

Clinician:

Case Number:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section to be filled out by Client

### Client Information

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Gender:                  Age:                  Yrs.                  Mos.                  Height::                  Ft.                  Ins.

Weight:                  Pounds                  Kilograms

Pregnant/Breastfeeding:

Occupation(s):

Reason for Visit:

Primary Health Goal:

Secondary Health Goal (if any):

### Medical History(hx)

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Medication History:

Drugs/Medications:

Herbs:

Supplements:

Past Surgeries/Hospitalizations:

Family Health History(hx):

Personal History(hx) Overview:

### **Signs and Symptoms**

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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**

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Constitution/Character:

Pulse:

Tongue:

Voice:

Skin:

Hair:

Teeth:

Other Physical Observations:

## Case Summary

### Case Summary

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#### Section to be filled out by Certified Herbalist

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Case Number:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Section to be filled out by Client

### Client Information

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Gender:                      Age:                      Yrs.                      Mos.                      Height:                      Ft.                      In.

Weight:                      Pounds                      Kilograms

Pregnant/Breastfeeding:

Occupation(s):

Reason for Visit:

Primary Health Goal:

Secondary Health Goal (if any):

**Section to be filled out by Certified Herbalist**

**Summary**

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Summary of Primary Symptoms:

Case Analysis:

TCM, Western and/or Ayurvedic Assessment:

Treatment Strategy (root and branch)

Primary Herbal Recommendations (preparation and dosage)

Other Recommendations (including Essential Oils):

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Notes on Possible Future Recommendations:

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Self-Observation

# Follow- Ups

## First Follow Up

### Case Summary

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#### Section to be filled out by Certified Herbalist

Clinician:

Case Number:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Section to be filled out by Certified Herbalist with Client

### Client Information

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Gender:            Age:            Yrs.            Mos.            Height:            Ft.            In.

Weight:            Pounds            Kilograms

Pregnant/Breastfeeding:

Occupation(s):

Reason for Visit:

Primary Health Goal:

Secondary Health Goal (if any):



**Summary**

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Summary of Primary Symptoms:

Case Analysis:

TCM, Western and/or Ayurvedic Assessment:

Treatment Strategy (root and branch)

Primary Herbal Recommendations (preparation and dosage)

Other Recommendations:

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Notes on Possible Future Recommendations:

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Self-Observation

## Second Follow Up

### Case Summary

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#### Section to be filled out by Certified Herbalist

Clinician:

Case Number:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Section to be filled out by Certified Herbalist with Client

### Client Information

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Gender:            Age:        Yrs.            Mos.            Height:        Ft.            In.

Weight:            Pounds            Kilograms

Pregnant/Breastfeeding:

Occupation(s):

Reason for Visit

Primary Health Goal

Secondary Health Goal (if any):

**Summary**

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Summary of Primary Symptoms:

Case Analysis:

TCM, Western and/or Ayurvedic Assessment:

Treatment Strategy (root and branch)

Primary Herbal Recommendations (preparation and dosage)

Other Recommendations:

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Notes on Possible Future Recommendations:

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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