

**Basic Client Information**

Full Name: \_\_\_\_\_  
First Name Full Middle Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Main Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
MM DD YYYY Home Mobile Work Home Mobile Work

Email Address: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Address: \_\_\_\_\_ Height: \_\_\_\_' \_\_\_\_"

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Are you Pregnant? Y / N

I was: \_\_\_ Adopted \_\_\_ Foster Child \_\_\_ Parents were divorced/separated \_\_\_ Separated from parent(s) in other way

I am: \_\_\_ Married \_\_\_ Single \_\_\_ Partnered \_\_\_ Separated \_\_\_ Divorced Children?: Y / N / Want #: \_\_\_\_\_

**Misc. Important Information**

Do you have any metal in your body? Yes No If yes, where & what: \_\_\_\_\_

Pacemaker? Yes No Bleeding Issues? Yes No

**Main areas of Complaint / Issues**

What brings you here, what are some of the main areas of complaint or issues?

**Expectations**

Please tell me what your expectations are through seeing me:

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Home Mobile Work

**Financial Policy Agreement**

Insurance does not cover the cost of many Holistic Health Modalities. You may be able to seek reimbursement through a FSA or HSA account, please contact your Plan Administrator or read your Summary Plan Description for requirements of this.

Payments to Psenergy may be made via cash, check, PayPal or Credit Card. Cost for sessions are clearly listed on our website, as well as in the confirmation and reminder emails. Please note, there is a 24-hour cancelation policy. If you do not show for your appointment, you will be billed the full amount of the missed appointment, and payment is due at the time of the appointment.

I have read and understood the above financial policy of Psenergy:

\_\_\_\_\_ Date \_\_\_\_\_  
Client or Guardian Signature

Psinergy utilizes a wide variety of holistic / natural health modalities that include a wide variety of techniques that the practitioner has been trained in as outlined in the Client Bill of Rights for the practitioner. Updates to the Client Bill of Rights for the Practitioner are posted via our website, or you may ask for a copy in our office.

Please remember, we cannot give an allopathic diagnosis for conditions, and we cannot alter or change your medical prescriptions as we are not licensed medical doctors, and suggest that you contact your licensed medical doctor for those type of concerns.

I have read and understood the above Informed Consent, as well as received a current physical copy of the Practitioners Client Bill of Rights:

\_\_\_\_\_

Client or Guardian Signature

\_\_\_\_\_

Date

**Medical Contact Information**

Medical Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

Psychiatric Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

Other Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

**Complementary Health Contact Information**

Massage Therapist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

Chiropractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

Herbalist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

Other ACHP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do Not See One

**Birth Parent Information** *(fill this section out later – only used as needed for specific therapies, like ancestor therapies)*

Mother's Full Name: \_\_\_\_\_  
First Name Full Middle Maiden Name

Father's Full Name: \_\_\_\_\_  
First Name Full Middle Last Name

Mother's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Father's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY

**Other things you have tried, or are trying**

What are some other things that you are trying, or have tried in the past? Please explain what you have experienced with it, reactions, etc.

Please circle the one that best describes you **CURRENTLY**:

<b>Body Frame:</b>	Thin	Medium	Large
<b>Finger Nails:</b>	Thin / cracking	Medium, pink, soft	Thick / large
<b>Pulse:</b>	80-100	70-80	60-70
<b>Weight:</b>	Low or Bony	Medium / Muscular	Gains Easily
<b>Stools / Bowels:</b>	Small, hard, gassy	Loose or burns	Moderate or Solid
<b>Forehead Size:</b>	Small	Medium	Large
<b>Appetite:</b>	Variable	Strong / Sharp	Constant or Low
<b>Eyes:</b>	Small or unsteady	Reddish or piercing	White or Wide
<b>Voice:</b>	Low or Weak	High or Sharp	Deep or Tonal
<b>Lips:</b>	Thin or Dry	Medium or Soft	Large or Smooth
<b>Chest:</b>	Flat / Sunken	Moderate	Round, Expanded
<b>What bothers you most:</b>	Cold and Dry	Heat and Sun	Cold and Damp
<b>Chin:</b>	Thin or Angular	Tapered	Round, Double
<b>Neck:</b>	Thin or Tall	Medium	Big, Wide, Folded
<b>Totals:</b>			

Please circle the one that best describes you in the **PAST**:

<b>Body Frame:</b>	Thin	Medium	Large
<b>Finger Nails:</b>	Thin / cracking	Medium, pink, soft	Thick / large
<b>Pulse:</b>	80-100	70-80	60-70
<b>Weight:</b>	Low or Bony	Medium / Muscular	Gains Easily
<b>Stools / Bowels:</b>	Small, hard, gassy	Loose or burns	Moderate or Solid
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<b>What bothers you most:</b>	Cold and Dry	Heat and Sun	Cold and Damp
<b>Chin:</b>	Thin or Angular	Tapered	Round, Double
<b>Neck:</b>	Thin or Tall	Medium	Big, Wide, Folded
<b>Totals:</b>			

Please circle the one that best describes you **CURRENTLY**:

<b>Memory:</b>	Quick to grasp ideas, soon forgets	Sharp / clear	Slow to learn, but never forgets
<b>Beliefs:</b>	Radical, Changing	Leader, Goal Oriented	Constant / Loyal
<b>Dreams:</b>	Flying or Anxious	In Color or Fighting	Romantic or Few
<b>Speech:</b>	Quick or Talkative	Moderate or Argues	Slow or Silent
<b>Finances:</b>	Spends on Trifles	Spends on Luxury	Saves / Holds Money
<b>Sleep:</b>	Light	Moderate	Heavy
<b>Habits:</b>	Travel or Nature	Sports or Politics	Water or Flowers
<b>Mind:</b>	Quick or Adaptable	Penetrating, Critical	Slow or Lethargic
<b>Emotions:</b>	Enthusiastic or Worries	Warm, Can get Angry	Calm or Attached
<b>Temperament:</b>	Nervous or Fearful	Impatient	Easy Going
<b>Totals:</b>			

Please circle the one that best describes you in the **PAST**:

<b>Memory:</b>	Quick to grasp ideas, soon forgets	Sharp / clear	Slow to learn, but never forgets
<b>Beliefs:</b>	Radical, Changing	Leader, Goal Oriented	Constant / Loyal
<b>Dreams:</b>	Flying or Anxious	In Color or Fighting	Romantic or Few
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<b>Emotions:</b>	Enthusiastic or Worries	Warm, Can get Angry	Calm or Attached
<b>Temperament:</b>	Nervous or Fearful	Impatient	Easy Going
<b>Totals:</b>			

**Tell me about the first 25 years of your life:**

How was your birth time (prenatal, pregnancy, actual labor)?

From birth until when you started school?

How was grade school?

How was middle school?

How was high school?

After high school to age 25?

**Medications or Herbal Supplements**

Medication / Herb	Dosage	Reason for taking

**Surgeries or Scars**

Surgery or Scars	Date	Resolution

**Current and Historical Physical/Emotional Ailments**

Ailment	Chronic / Acute / Historical	Severity (0-10)	Current X
Issues with the Lungs, Bronchi, in-expiration, arms/hands, autonomic nervous system	C A H	0 1 2 3 4 5 6 7 8 9 10	
Asthma	C A H	0 1 2 3 4 5 6 7 8 9 10	
Breathing Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Symptoms or Pain in the fingers, hands and/or arms	C A H	0 1 2 3 4 5 6 7 8 9 10	
Vertebra Issues (especially C1 and/or L5/S1)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Allergies	C A H	0 1 2 3 4 5 6 7 8 9 10	
Diseases of the Nervous System due to Nervous Over-Stimulation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Speech Disturbances	C A H	0 1 2 3 4 5 6 7 8 9 10	
Ear Aches	C A H	0 1 2 3 4 5 6 7 8 9 10	
Nerve Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Spasms in Chest/Lung area	C A H	0 1 2 3 4 5 6 7 8 9 10	
Hard time grasping or understanding, communicating, expressing	C A H	0 1 2 3 4 5 6 7 8 9 10	
Restless	C A H	0 1 2 3 4 5 6 7 8 9 10	
No Viewpoint or hard to express Viewpoint	C A H	0 1 2 3 4 5 6 7 8 9 10	
Not Self Reliable	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Active Air Total (14):</b>			
Deafness	C A H	0 1 2 3 4 5 6 7 8 9 10	
Acid / Alkaline Balance	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues around the Kidneys, Bladder, Lumbar Spine or surround tissue	C A H	0 1 2 3 4 5 6 7 8 9 10	
Tinnitus	C A H	0 1 2 3 4 5 6 7 8 9 10	
Kidney dysfunctions	C A H	0 1 2 3 4 5 6 7 8 9 10	
Urinary Retention	C A H	0 1 2 3 4 5 6 7 8 9 10	
Bladder Inflammations / Infections or Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Toxic Blood / Blood Cleansing Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
'Bad' Skin	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lumbar Pain without findings	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain in the Pelvic Region	C A H	0 1 2 3 4 5 6 7 8 9 10	
Kidney Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Stitching Pain in the Ear without Inflammation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Burning or Itching Skin	C A H	0 1 2 3 4 5 6 7 8 9 10	
Searching for Love	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Giving/Receiving	C A H	0 1 2 3 4 5 6 7 8 9 10	
Self-Centered	C A H	0 1 2 3 4 5 6 7 8 9 10	
Longing for Harmony & Balance	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Neutral Air Total (18):</b>			
Issues with Calves, Tibia, Fibula, Ankle Joint or Heel	C A H	0 1 2 3 4 5 6 7 8 9 10	
Hypertony	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues Concentrating	C A H	0 1 2 3 4 5 6 7 8 9 10	
Prostatic Hypertrophy	C A H	0 1 2 3 4 5 6 7 8 9 10	
Neuroses	C A H	0 1 2 3 4 5 6 7 8 9 10	
Systemic Disease(s) Which: _____	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain or Spasms in Calves or Ankles	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the Pituitary	C A H	0 1 2 3 4 5 6 7 8 9 10	
Meninges	C A H	0 1 2 3 4 5 6 7 8 9 10	
Spinal Cord issues / Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Medulla or Thalamus	C A H	0 1 2 3 4 5 6 7 8 9 10	

Nerve Problems without findings	C A H	0 1 2 3 4 5 6 7 8 9 10	
Spasmodic States	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cerebral Pain (especially after Meningitis)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Fractures	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain after Surgery	C A H	0 1 2 3 4 5 6 7 8 9 10	
Idealistic	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with adapting	C A H	0 1 2 3 4 5 6 7 8 9 10	
Unreliable	C A H	0 1 2 3 4 5 6 7 8 9 10	
Jumpiness	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Passive Air Total (20):</b>			
Issues with the Brain, Eyes, Ears, Mouth, Teeth, Sexuality or Physical Substance	C A H	0 1 2 3 4 5 6 7 8 9 10	
Headaches or Migraines	C A H	0 1 2 3 4 5 6 7 8 9 10	
Loss of Hearing or Vision	C A H	0 1 2 3 4 5 6 7 8 9 10	
Neurasthenia	C A H	0 1 2 3 4 5 6 7 8 9 10	
Gallbladder Issues, Gallbladder Colic	C A H	0 1 2 3 4 5 6 7 8 9 10	
Muscle or Tendon Pain or Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Chronic Accidents or Injuries	C A H	0 1 2 3 4 5 6 7 8 9 10	
Sexual Functions	C A H	0 1 2 3 4 5 6 7 8 9 10	
General Inflammation or Pain from Inflammation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Fevers	C A H	0 1 2 3 4 5 6 7 8 9 10	
Bleeding Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Self-Centered	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Aggression	C A H	0 1 2 3 4 5 6 7 8 9 10	
Will Power	C A H	0 1 2 3 4 5 6 7 8 9 10	
Spontaneity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Directness	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Active Fire Total (16):</b>			
Heart / Circulatory Diseases or Pain (e.g. angina pectoris, cardiac neurosis, coronary artery disease, psychosomatic heart issues)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the Eyes, Neocortex, Blood or Vital Force	C A H	0 1 2 3 4 5 6 7 8 9 10	
Concentration Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Anorexia nervosa	C A H	0 1 2 3 4 5 6 7 8 9 10	
Weakness	C A H	0 1 2 3 4 5 6 7 8 9 10	
General Blood Diseases (esp. with red blood cells)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Scrophulosis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Rickets	C A H	0 1 2 3 4 5 6 7 8 9 10	
Eye diseases or Pain in the Eyes	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues or Diseases with the entire Spine or Spinal Cord	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of Radiance	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Expression (over or under)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lacking External Creativity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Self-Confidence	C A H	0 1 2 3 4 5 6 7 8 9 10	
Mania	C A H	0 1 2 3 4 5 6 7 8 9 10	
Wastefulness	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Neutral Fire Total (16):</b>			
Issues in the area of the Hip, Lumbar Spine, thighs	C A H	0 1 2 3 4 5 6 7 8 9 10	
Nutritive Functions of the Metabolism	C A H	0 1 2 3 4 5 6 7 8 9 10	
Arthritis of the hip	C A H	0 1 2 3 4 5 6 7 8 9 10	
Varicose Veins	C A H	0 1 2 3 4 5 6 7 8 9 10	
Allergies	C A H	0 1 2 3 4 5 6 7 8 9 10	
Asthma	C A H	0 1 2 3 4 5 6 7 8 9 10	
Diabetes	C A H	0 1 2 3 4 5 6 7 8 9 10	
Blood Diseases (white blood cells)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Liver or Gallbladder Diseases	C A H	0 1 2 3 4 5 6 7 8 9 10	
Obesity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Self-Poisoning	C A H	0 1 2 3 4 5 6 7 8 9 10	
Incorrect Nutrition	C A H	0 1 2 3 4 5 6 7 8 9 10	
Strokes	C A H	0 1 2 3 4 5 6 7 8 9 10	

Sciatic, Hip or Ilio-Sacral Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Soft Tissue Rheumatism	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cerebral Stress through Arteriosclerosis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cannot see the Horizon	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lacking Faith in your path or journey	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Goals	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lacking Insight	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of Boundaries	C A H	0 1 2 3 4 5 6 7 8 9 10	
Boastful	C A H	0 1 2 3 4 5 6 7 8 9 10	
Gluttony	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Passive Fire Total (23):</b>			
Issues in the area of Smell, Tonsils, Neck/Shoulders, Sense of Taste, Throat, Pharynx, glands or mouth	C A H	0 1 2 3 4 5 6 7 8 9 10	
Obesity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Tonsillitis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Angina	C A H	0 1 2 3 4 5 6 7 8 9 10	
Colds	C A H	0 1 2 3 4 5 6 7 8 9 10	
Constipation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Neck Spasms	C A H	0 1 2 3 4 5 6 7 8 9 10	
Polyps	C A H	0 1 2 3 4 5 6 7 8 9 10	
Glandular Disease	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain in the Larynx	C A H	0 1 2 3 4 5 6 7 8 9 10	
Oral Cavity Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Inflammation/Pain of the Inner Ear / Otitis Media	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Sensuality	C A H	0 1 2 3 4 5 6 7 8 9 10	
Rootedness	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Possessions or Possessiveness	C A H	0 1 2 3 4 5 6 7 8 9 10	
Melancholy	C A H	0 1 2 3 4 5 6 7 8 9 10	
Feeling Isolated	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Active Earth Total (17):</b>			
Issues in the area of the Large or Small Intestines, Digestive Issues, Spleen or Peritoneum	C A H	0 1 2 3 4 5 6 7 8 9 10	
Intestinal Ulcers / diverticulosis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Digestion	C A H	0 1 2 3 4 5 6 7 8 9 10	
Intestinal colic	C A H	0 1 2 3 4 5 6 7 8 9 10	
Bloating / Fermentation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Enteritis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Ulcerative Colitis	C A H	0 1 2 3 4 5 6 7 8 9 10	
Insomnia	C A H	0 1 2 3 4 5 6 7 8 9 10	
Sleep Rhythm Disturbances due to over-stimulation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Upper Abdominal Issues (pain/pressure) with pain/tensions between right shoulder blade and spine and/or lower back	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cautious	C A H	0 1 2 3 4 5 6 7 8 9 10	
Analytical or Critical, Selective or Extremely Intellectual	C A H	0 1 2 3 4 5 6 7 8 9 10	
Extreme problems with Emotions	C A H	0 1 2 3 4 5 6 7 8 9 10	
Non-Specific Fears	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Neutral Earth Total (14):</b>			
Issues with the Skeletal system, Knees, Posture, Musculo-Skeletal System, Shin or Skin	C A H	0 1 2 3 4 5 6 7 8 9 10	
Metabolic dysfunctions	C A H	0 1 2 3 4 5 6 7 8 9 10	
Collection of Toxins	C A H	0 1 2 3 4 5 6 7 8 9 10	
Mesenchymal Toxicity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Tendency towards stone formations	C A H	0 1 2 3 4 5 6 7 8 9 10	
Rheumatism	C A H	0 1 2 3 4 5 6 7 8 9 10	
Gout	C A H	0 1 2 3 4 5 6 7 8 9 10	
Signs of Early Aging	C A H	0 1 2 3 4 5 6 7 8 9 10	
Diseases of the White Blood Cells	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain in the Bones or Joints	C A H	0 1 2 3 4 5 6 7 8 9 10	
Organ Degeneration	C A H	0 1 2 3 4 5 6 7 8 9 10	
Colic Pain with Stones	C A H	0 1 2 3 4 5 6 7 8 9 10	

Pain in the Tissues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Authoritative	C A H	0 1 2 3 4 5 6 7 8 9 10	
Stubborn	C A H	0 1 2 3 4 5 6 7 8 9 10	
Shy in regards to contact	C A H	0 1 2 3 4 5 6 7 8 9 10	
Conscientious	C A H	0 1 2 3 4 5 6 7 8 9 10	
Low Stamina	C A H	0 1 2 3 4 5 6 7 8 9 10	
Reserved	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cautious	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Passive Earth Total (20):</b>			
Issues with the Limbic System, Pituitary or Hypothalamus	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the breast glands, tissue or mammas	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the Cerebellum	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the Mucosal Membrane or Fungal Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Blood Serum	C A H	0 1 2 3 4 5 6 7 8 9 10	
Female Organ Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Edema	C A H	0 1 2 3 4 5 6 7 8 9 10	
Glandular Diseases	C A H	0 1 2 3 4 5 6 7 8 9 10	
Stomach issues / (i.e. Gastralgia / Ulcers)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with the Duodenum	C A H	0 1 2 3 4 5 6 7 8 9 10	
Mood Alterations	C A H	0 1 2 3 4 5 6 7 8 9 10	
Addiction to Alcohol	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lymphatic Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
Tumor Diseases	C A H	0 1 2 3 4 5 6 7 8 9 10	
Psychological Dysfunctions	C A H	0 1 2 3 4 5 6 7 8 9 10	
Epigastric Spasms	C A H	0 1 2 3 4 5 6 7 8 9 10	
Headaches	C A H	0 1 2 3 4 5 6 7 8 9 10	
Romanticism	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Sympathy, Pity or Receptivity	C A H	0 1 2 3 4 5 6 7 8 9 10	
Driven by Instincts	C A H	0 1 2 3 4 5 6 7 8 9 10	
Loss of Will	C A H	0 1 2 3 4 5 6 7 8 9 10	
Irritable	C A H	0 1 2 3 4 5 6 7 8 9 10	
“Know-it-all”	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Active Water Total (23):</b>			
Issues with Elimination Organs (bladder, rectum, anus, genital organs, penis/vagina, uterus)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues in the lower abdomen (bladder, genitals, rectum)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Frigidity / Impotence	C A H	0 1 2 3 4 5 6 7 8 9 10	
Anorexia	C A H	0 1 2 3 4 5 6 7 8 9 10	
Prostate Swelling	C A H	0 1 2 3 4 5 6 7 8 9 10	
Prostate Adenoma or Cancer	C A H	0 1 2 3 4 5 6 7 8 9 10	
Uterus or Anal Prolapse	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cyst Formation	C A H	0 1 2 3 4 5 6 7 8 9 10	
Furunculosis / Boils	C A H	0 1 2 3 4 5 6 7 8 9 10	
Adhesions	C A H	0 1 2 3 4 5 6 7 8 9 10	
General Issues or Pain after Surgery	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain or Retention of Urine	C A H	0 1 2 3 4 5 6 7 8 9 10	
Kidney/Bladder Pain	C A H	0 1 2 3 4 5 6 7 8 9 10	
Cancer	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Surrendering, Loss, Death (and related fears)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Subconscious Issues	C A H	0 1 2 3 4 5 6 7 8 9 10	
<b>Neutral Water Total (16):</b>			
Issues with the Pineal, Solar Plexus, Feet or Toe Joints or the Subconscious	C A H	0 1 2 3 4 5 6 7 8 9 10	
Fevers	C A H	0 1 2 3 4 5 6 7 8 9 10	
Addictions (any)	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues or Pain with the feet or toes	C A H	0 1 2 3 4 5 6 7 8 9 10	
Flaccidity of Organs	C A H	0 1 2 3 4 5 6 7 8 9 10	
Paralyses	C A H	0 1 2 3 4 5 6 7 8 9 10	
Poisoning	C A H	0 1 2 3 4 5 6 7 8 9 10	
Tendency towards Medical or Recreational Drugs	C A H	0 1 2 3 4 5 6 7 8 9 10	



"Strange States"	C A H	0 1 2 3 4 5 6 7 8 9 10	
Rheumatic Diseases	C A H	0 1 2 3 4 5 6 7 8 9 10	
Pain without Clinical Findings	C A H	0 1 2 3 4 5 6 7 8 9 10	
Issues with Spirituality	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of Individualization	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of Intuition	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of Musical Ability	C A H	0 1 2 3 4 5 6 7 8 9 10	
Lack of 'Paranormal' Talents	C A H	0 1 2 3 4 5 6 7 8 9 10	
		<b>Passive Water Totals(16):</b>	

**Other**

Do you smoke? Yes No Quantity per day? \_\_\_\_\_ Do you drink alcohol? Yes No How much? \_\_\_\_\_

Allergies: \_\_\_\_\_

**Dreams**

Do you remember your Dreams? Y / N How frequently do you dream? \_\_\_\_\_

What are your dreams like?

**Notes from Client**

Other things worth mentioning:

-----For Practitioner-----

Active Air =	/14=	Active Fire =	/16=	Active Earth =	/17=	Active Water =	/23=
Neutral Air =	/18=	Neutral Fire =	/16=	Neutral Earth =	/14=	Neutral Water =	/16=
Passive Air =	/20=	Passive Fire =	/23=	Passive Earth =	/20=	Passive Water =	/16=
Air =	/52=	Fire =	/55=	Earth =	/51=	Water =	/55=

Body (Now):	Vata =	Pitta =	Kapha =
Body (Past):	Vata =	Pitta =	Kapha =
Mind (Now):	Vata =	Pitta =	Kapha =
Mind (Past):	Vata =	Pitta =	Kapha =

**Practitioner Notes**

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