



Herbal Consultation Form

Thank you for taking the time to complete this. Please type directly into the boxes on your computer or phone (in a PDF reader) and email it to ela@zestacupuncture.co.uk. You can also bring it printed out or fill it in at the clinic.

About you

Full name

Today's date

Age

Sex (F/M)

Height / weight

Complexion (e.g. pale, red)

Medications and supplements

Please list everything you take regularly, including the pill, HRT, inhalers, and any herbs or vitamins.

Medications (name and dose)

Supplements, vitamins or herbs

Your main concern

What would you most like help with?

Symptoms of your main concern

Other concerns or symptoms

Additional notes



Women's health

Date of your last period

Check all that apply; fill in all that apply.

- Cycle length ☐ 20–27 days ☐ 28–33 days ☐ More than 33 days Regular? ☐ Yes ☐ No
- Period lasts ☐ 1–2 days ☐ 3–7 days ☐ More than 7 days
- Period pain ☐ Sharp ☐ Dull ☐ Achy When? _____
- Bleeding ☐ Heavy ☐ Mid-cycle / spotting ☐ Clots
- Before periods ☐ Abdominal cramps ☐ Back or breast pain ☐ Irritability
- Vaginal discharge ☐ Yellow ☐ White

- | | |
|--|---|
| ☐ PCOS | ☐ Endometriosis |
| ☐ Hysterectomy | ☐ Difficulty conceiving |
| ☐ Miscarriage | ☐ Pregnancy termination |
| ☐ Caesarean section, perineal tear or cut | ☐ Breast lump or breast pain |

Contraception: type and years

Number of pregnancies and children

Perimenopause or menopause? Please describe in a few words

HRT: how long, which one and how you feel on it

Anything else about your cycle, pregnancies, births or menopause you would like me to know

Your signs and symptoms

Please tick all that applies to you. Items marked "leave empty for the practitioner" are for me to fill in.

Blood pressure

Pulse rate

Medication to lower blood pressure: which?



Bowels

- ☐ Regular and formed ☐ More than twice a day ☐ Every 3 days or less often

Stress, energy and digestion *(Liver-Spleen)*

- ☐ Not enough hours in the day; you often feel stressed or anxious
- ☐ You sigh often, and sighing feels good
- ☐ An endless to-do list; you often feel overwhelmed
- ☐ You get caught up scrolling on your phone, then feel frustrated
- ☐ Your health problems get better when you are on holiday
- ☐ Swollen edges of the tongue *(leave empty for the practitioner)*
- ☐ Sleepy after eating, especially carbohydrates or sugar
- ☐ Dizzy when you stand up
- ☐ You bruise easily or often, sometimes without knowing how
- ☐ Weak muscles in your arms and legs
- ☐ Deep tiredness after concentrated mental work
- ☐ Puffy tongue with tooth marks at the edges *(leave empty for the practitioner)*

Circulation and fixed pain *(Blood stasis)*

- ☐ Varicose or spider veins (please show me your feet, ankles or legs)
- ☐ Small, bright red raised spots on the skin (please show me your arms, belly or back)
- ☐ Sharp pain that stays in one place
- ☐ Symptoms worse in the evening or at night
- ☐ Blood stasis in the tongue *(leave empty for the practitioner)*
- ☐ Blood stasis in the pulse *(leave empty for the practitioner)*

Fluids and mucus *(Damp / Phlegm)*

- ☐ Mucus in the chest, nose or throat, or vaginal discharge
- ☐ Swelling or fluid retention anywhere in the body
- ☐ Thirsty or dry mouth, but little wish to drink
- ☐ Sticky stools that need a lot of wiping
- ☐ Damp in the tongue *(leave empty for the practitioner)*
- ☐ Damp in the pulse *(leave empty for the practitioner)*

Heat *(Heat)*

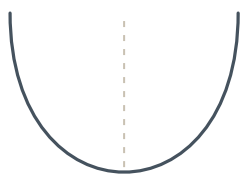
- ☐ Dry mouth; you drink a lot at once, or feel thirsty all the time
- ☐ Hard or dry stools
- ☐ Red or inflamed skin, such as acne
- ☐ Irritable, angry or agitated; fidgety, hard to sit still
- ☐ Heat in the tongue *(leave empty for the practitioner)*
- ☐ Heat in the pulse *(leave empty for the practitioner)*

Warmth, lower back and water *(Kidney Yang)*

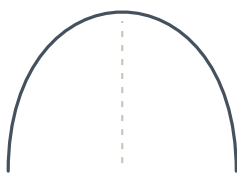
- ☐ Long-standing weak lower back and knees
- ☐ Waking at night to pass urine
- ☐ Cold feet



PRACTITIONER USE ONLY

Please leave this section empty

Tongue



Underside

PULSE

R

L

Presenting patterns

Total S/S

☐ LV/SP Disharmony	☐ >LV ☐ >SP	
☐ Blood Stasis	☐ U ☐ M ☐ L	
☐ Damp/Phlegm	☐ U ☐ M ☐ L	
☐ Heat		
☐ Kidney Yang		

Pattern diagnoses

Treatment principles

Formula Rx

Dosage

THANK YOU. Please save this form and email it to ela@zestacupuncture.co.uk, or bring it to your first appointment.