



Heritage Medicine

Constitutional Intake Form

NAME _____ DATE __/__/__

UPPER GI

- Sometimes nausea in mornings
- Sometimes excess salivation
- Duodenal ulcer
- Sometimes foul burps
- Seldom eat breakfast
- Often eat to calm down
- Frequent use of alcohol
- Strong, demanding hunger
- "Dragon breath" in the morning
- Frequent mouth or cold sores
- Indigestion after eating

- Sometimes nausea in evenings
- Mouth frequently too dry
- Stomach ulcer
- Butterflies in stomach
- Often don't finish meals
- Receding gums
- Frequent poor appetite
- Bitter taste in morning
- Acid indigestion at night
- Sometimes difficulty in swallowing

LOWER GI

- Stools loose with gas
- Frequent constipation
- Constipation with gas
- Constipation with hemorrhoids
- Constipation with painful defecation
- Constipation with hard, marbly stools
- Constipation with fully-formed stools
- Constipation alternating with diarrhea

- Intestines often bloated
- Digestion unusually rapid
- Light colored, hard stools
- Quick defecation after eating
- Frequent need for laxatives
- Tongue often coated
- Loose stools when tired/stressed
- Dark, soft stools

LIVER

- Dry, even scaly skin
- Hives from food or drugs
- Craves proteins, fats
- Frequent trouble digesting fats
- Seems to have low blood sugar
- Frequent use of alcohol
- Psoriasis, eczema, dermatitis
- Fever with sweat when sick

- Moist, sometimes oily skin
- Hay fever or asthma
- Craves fruit or sweets
- Acne on face AND buttocks
- Had hepatitis in past
- Work with solvents
- Frequent minor illnesses
- Don't sweat when sick

RENAL

- Standing too quickly makes pulse roar in ears
- Wakes up at night to urinate
- Water retention with change of weather
- Frequent thirst
- Craving for salt
- Urine usually darker

- Standing too quickly causes faintness, dizziness
- Frequent flushing or blushing
- Moderate high blood pressure, craves fats
- Moderate low blood pressure, craves sweets
- Urine always light colored



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LOWER URINARY TRACT

- Frequent urination, small amounts
- Sometimes dribbles urine afterwards
- Demanding and sudden need to urinate
- Benign prostatic hypertrophy (males)

- Infrequent urination, copious
- Frequent bladder infections
- Mucus in urine
- Dull ache after urination

REPRODUCTIVE - ALL

- Sweat freely with strong scent
- Dry skin, cold hands and feet

- Oily skin, facial acne

WOMEN

- Cycle more than 28 days
- Water retention before menses: hips, breasts
- Craves fats, proteins before menses, usually
- Sides of breasts tender before menses
- Menses slow starting with cramps
- Menstruation lengthy, frequent cramps
- Frequent Class II Pap smears
- Miscarriages, problem pregnancy
- Period early with altitude change
- Frequent candida-type infections

- Cycle less than 28 days
- Water retention before menses: feet, hands
- Craves sweets before menses, usually
- Miss some periods
- Palpitations before menses
- Menstruation short, defined, few cramps
- History of PID, cervicitis
- Tried, but couldn't handle birth control pills
- Period late with altitude change
-

MEN

- Frequent cannabis user
- Benign prostatic hypertrophy

- Pain or ache after orgasm
- Difficult maintaining erection even if in the mood

RESPIRATORY

- Shortness of breath when standing or walking
- Easy coughing of mucus
- Rapid, shallow breather
- Yawns frequently
- Frequent chest colds

- Tobacco smoker
- Difficulty swallowing mucus
- Sometimes wake up choking or gasping for breath
- Sometimes hyperventilates

CARDIOVASCULAR

- Slow, strong pulse
- Frequent physical activity
- Warm-blooded
- Hands warm, sweaty
- Palpitations as an adolescent
- Hypertension, responds to diuretics

- Fast, light pulse
- Sometimes dizzy or faint
- Cold-blooded
- Hands cold, clammy or dry
- Palpitations before menses
- Hypertension, does NOT respond to diuretics



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LYMPHATIC

- | | | | |
|--------------------------|----------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Recuperates quickly if ill | <input type="checkbox"/> | Recuperates slowly if ill |
| <input type="checkbox"/> | Injuries heal quickly | <input type="checkbox"/> | Injuries heal slowly |
| <input type="checkbox"/> | Eczema, dermatitis | <input type="checkbox"/> | Asthma or hay fever |
| <input type="checkbox"/> | Digests fats easily | <input type="checkbox"/> | Digests fats poorly |
| <input type="checkbox"/> | Arthritis or rheumatism | | |

SKIN

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Skin eruptions superficial; come to a head | <input type="checkbox"/> | Skin eruptions deep; not coming to a head |
| <input type="checkbox"/> | Oily scalp or hair | <input type="checkbox"/> | Dry scalp or hair |
| <input type="checkbox"/> | Skin on trunk is dry | <input type="checkbox"/> | Cracks, fissures on heels, feet; slow healing |

MUCUS

- | | | | |
|--------------------------|---|--------------------------|-------------------------|
| <input type="checkbox"/> | Sores, cracks on mouth, anus, vagina | <input type="checkbox"/> | Lips often dry, chapped |
| <input type="checkbox"/> | Food often causes intestinal pain passing through | <input type="checkbox"/> | Gets sore throat easily |

GENERAL

Mark conditions that are frequent. If it is mild, mark "1"; if it is a dominant condition, Mark "2"

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



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Evaluations and Recommendations

Name: _____ Date: _____ File: _____

Section	Questions	Verbal	Dietary	Therapies	Comments
Upper GI					
Lower GI					
Liver					
Kidneys					
Lower Urinary					
Reproductive					
Respiratory					
Cardiovascular					
Lymph System					
Immunologic					
Skin					
Mucosa					
Musc/Skeletal					
Central Nerv.					
Sympathetic					
Parasympathetic					
Adren. Stress					
Anabol. Stress					
Thyroid Stress					

INITIAL RECOMMENDATIONS

BOTANICAL RECOMMENDATIONS

Botanical	Form	Doses	Times

DIETARY RECOMMENDATIONS

OTHER RECOMMENDATIONS

SELF MONITORING PARAMETERS:
