

Medicinal Remedies.com

Custom Remedy: Assessment Guide

Referral Info

- Rash:** plant, allergy, dermatitis
 - Itching:** rash, athletes foot, allergy
 - Bug Bite:** insect, spider, bug
 - Burn:** injury, sunburn, chemical
 - Warts:** flat, plantar, genital, planters, venereal
 - Acne:** rosacea, genital, face, body
 - Other:** complaint or problem _____
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Personal Data

Name: _____ Telephone: _____

Age: _____ Gender: M F (circle) Pregnant: Y N (circle)

Height: _____ Weight: _____ Marital status: Married Single Divorced (circle)

Take health supplements: Y N (circle)

Health History

Allergies: soaps plants perfume animals synthetics foods other

Skin Sensitivity: mild (no problems) moderate (few problems)
 severe (multiple problems)

Health: excellent (no problems) good (few problems) poor (multiple problems)

Illnesses: asthma anemia blood clotting diabetes cancer or tumor
 epilepsy glaucoma genetic disorder alcoholism or drug use STD
 kidney or bladder problems stomach problems nervous or anxiety problems
 rheumatism arthritis high blood pressure cold or heat problems gout

