

**Initial Wellness Evaluation Intake Form**

**Please provide a sample food journal detailing three days of your diet and bring this with you to your first herbal consultation. Please include all water and vitamins and supplements you may be taking.**

**Please allow for approximately an extra half hour in addition to your normal treatment time.**

**DAY 1**

**Morning:**

**Afternoon:**

**Evening:**

**DAY 2**

**Morning:**

**Afternoon:**

**Evening:**

**DAY 3**

**Morning:**

**Afternoon:**

**Evening:**