**Pre-consultation form**

|  |  |
| --- | --- |
| Name: |  |
| DOB: |  |
| Address: |  |
| Sex: |  |
| Height: |  |
| Weight:  |  |
| What is your email address? |  |
| Do you have any health issues? |  |
| Do you have any chronic disease? |  |
| Do you have any digestive issues? |  |
| Do you suffer from allergies? |  |
| What is your occupation? |  |
| What is your reason for seeking Herbal Medicine? |  |
| Herbal medications are often given in loose leaf tea form. Is this something that you would be fine with? |  |