



Consultation Record

Name: _____

Address: _____

Post code: _____

Tel Home: _____

Tel Work: _____

Mobile: _____

Email: _____

Emergency contact name and Tel: _____

Date of Birth: _____

Marital Status: _____

Do you have any dependents: _____

Sex: ___M/F___

Occupation: _____

GP NAME: _____

ADDRESS: _____

**Current medication – (please include prescribed and over the Counter/
Supplements)**

Details of any operations/Accidents/Illnesses incl. dates:

**Are you currently receiving treatment by a health care professional, either
complementary or orthodox, including dentist or optician? Y/N
(If so please provide physicians details)**

Name _____

Tel: _____

Address: _____

**Date letter sent (if applicable) _____ Date of
Reply: _____**

**Have you received this therapy before? Y/N
If so please provide details**

How did you hear about me?

Flower Essence Therapy

What is your main reason for wanting to take Flower Essences?

HOW ARE YOU FEELING today/lately? If you do not have the words please score 1-10 (10 being the best , 1 the worst)

Physically

Emotionally

What's your favourite colours?

What colours do you dislike?

Please tick any of the below that are relevant to you

- FEVER
- CONTAGIOUS OR INFECTIOUS DISEASE
- UNDER INFLUENCE OF ALCOHOL
- UNDER INFLUENCE OF RECREATIONAL DRUGS
- SKIN DISEASE
- UNDIAGNOSED LUMPS AND BUMPS

- PREGNANCY/BREASTFEEDING
- HYPERTENSIVE SKIN
- CARDIOVASCULAR CONDITIONS(THROMBOSIS, PHLEBITIS, HYPERTENSION, HYPOTENSION, HEART CONDITIONS)
- NEVOUS/PSYCHOTIC CONDITIONS
- EPILEPSY
- RECENT OPERATIONS
- DIABETES
- ASTHMA
- SEIZURES
- FAINTING

Is your life stressful and if so why?

How would you describe yourself?

**Optimistic/Pessimistic Confident/Nervous
other**

Have you experienced any major traumas or stress in your life?

Eg. Bereavement, divorce, financial problems, chronic illness, job change?

What hobbies do you have?

Do you enjoy your work? Y/N _____

What difficulties/problems do you find yourself having to deal with currently?

Flower Essence Therapy

How would you describe the emotions attached to any of the problems you've described? How do they manifest? What triggers them?

How would you like Flower essences to help you?

Please write a short goal for what you would like flower essences to do for you (how would you like to feel in say 4 weeks time?)

Please write a long term goal for what you would like flower essences to do for you (say in 6 months or more Remember the emphasis is on how would you like to feel)

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM

1:

.....

0 1 2 3 4 5 6

As good as it could be

As bad as it could be

SYMPTOM

2:

.....

0 1 2 3 4 5 6

As good as it could be

As bad as it could be

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY:

.....

.....

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6

Flower Essence Therapy

