

Rising Roots Remedies
Rising in Wellness, Rooted in Nature's Wisdom.
Herbalist Clinical Client Intake & Waiver Form



Client Information

Full Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Address: _____
Phone Number: _____
Email: _____
Emergency Contact (Name & Phone): _____

Current Health Care Team

Primary Care Provider: _____
Specialists: _____
Are you seeing a doctor, naturopath, or other practitioner? _____
Current treatments or therapies: _____

Health History

Please check any conditions you have or had: _____

- ☐ Allergies ☐ Asthma ☐ Diabetes ☐ Heart Disease
☐ High Blood Pressure ☐ Liver Problems ☐ Kidney Problems
☐ Digestive Issues ☐ Autoimmune Disorders ☐ Cancer
☐ Seizures ☐ Mental Health Conditions ☐ Pregnancy/Breastfeeding

Other: _____

Past surgeries or hospitalizations? _____

Major illnesses (with dates)? _____

Family health history (any major conditions)? _____

Known Allergies (including herbal or food): _____

Initials: _____



Current Medications & Supplements

(Please include name, dosage, frequency, how long, and reason)

Chief Concerns

What are your top 3 health concerns or goals?

1. 2. 3. Current Symptoms or Concerns:

Lifestyle & Habits

Typical daily diet (e.g., breakfast, lunch, dinner, snacks):

What foods make you feel your best?

What foods worsen symptoms?

Do you follow a specific diet? ☐ Yes ☐ No If yes, describe:

Hydration: _____ glasses of water/day

Caffeine & Alcohol consumption:

Tobacco: ☐ Yes ☐ No Alcohol: ☐ Yes ☐ No Caffeine: ☐ Yes ☐ No

Exercise/Activity Level:

Initials: _____



Sleep Patterns

Average hours of sleep: _____

Do you dream? ☐ Yes ☐ No

Is your sleep uninterrupted? ☐ Yes ☐ No

Sleep Quality: _____ hours per night, issues? _____

Elimination

How often do you eliminate (bowel movements)?

☐ Once daily ☐ Twice daily ☐ Less than once/day ☐ Other: _____

Appetite & Endocrine Cues

Are you hungry upon waking? ☐ Yes ☐ No

How is your digestion?

☐ Slow/sluggish ☐ Fast/frequent ☐ Normal

Stress History

Stress Level & Management (e.g., meditation, exercise): _____

List 3 significant stressful events in your life: 1. 2. 3.

Initials: _____



Women's Health (if applicable)

Pregnant? ☐ Yes ☐ No Breastfeeding? ☐ Yes ☐ No

Miscarriages (#): _____

Birth control use? ☐ Yes ☐ No

Menstrual cycle details (length, symptoms, flow, pain): _____

Men's Health (if applicable)

Prostate issues? ☐ Yes ☐ No

Erectile dysfunction or libido concerns? ☐ Yes ☐ No

Testosterone-related symptoms (e.g., fatigue, muscle loss)? ☐ Yes ☐ No

Other concerns: _____

Vaccination History (optional)

Please list recent vaccinations (last 5 years, types, dates, and any reactions): _____

Emotional & Mental Wellbeing

Current mood (e.g., anxious, calm, sad): _____ History of emotional health concerns? Mental Health Conditions (details if applicable): _____

Energetics

In herbalism, we look at the body's natural state—called energetics—based on qualities like warmth, coolness, dryness, or dampness. Understanding this helps us choose herbs that bring balance. Do you usually feel warmer or colder than most people?

☐ Always cold ☐ Often warm ☐ Varies

Do you prefer warm or cool drinks/foods?

☐ Warm ☐ Cool ☐ No preference

Is your skin or hair often dry or oily?

☐ Dry ☐ Oily ☐ Normal

Do you experience swelling, water retention, or feel 'heavy/damp'?

☐ Often ☐ Sometimes ☐ Rarely

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Energetic Notes (for herbalist):

Initials: _____



Sensitivities & Preferences

Food sensitivities or intolerances: _____

Herbs or supplements you don't want to take: _____

Religious/cultural considerations: _____

Herbal Preferences

Are you open to tinctures, teas, capsules, oils, or topical preparations?

Any flavor or scent dislikes?

Herbal Use History

Have you used herbal remedies before?

☐ Yes ☐ No

If yes, which ones? _____

Goals for Herbal Consultation

Additional Notes

Anything else you'd like me to know to help create the best plan for you?

Initials: _____



Consent & Waiver Credentials & Scope

I, Ginger Johnson, am a trained Herbalist. I studied at Heart of Herbs Herbal School (an AHG-certified program) and I am a member of the American Herbalists Guild (AHG). I understand that the herbalist is not a medical doctor and does not diagnose, treat, or cure medical conditions. Herbal consultations are intended to support the body's natural wellness processes. I am not a licensed medical doctor and do not diagnose, prescribe, or treat disease. My role is to provide education and recommendations regarding herbs, nutrition, and lifestyle that may support the body's natural healing processes.

No Guarantee Clause

Herbal remedies are not a "quick fix." Results vary by individual and depend on constitution, lifestyle, and commitment. No guarantee of success is offered or implied.

Client Responsibility

Clients are encouraged to share this information with their healthcare providers and are solely responsible for decisions regarding their health. I understand that I should consult my physician before starting any new herbal regimen, especially if I am pregnant, nursing, or taking prescription medications. I acknowledge that I am responsible for my own health decisions. I release the herbalist from any liability related to the recommendations provided during this consultation.

Payment & Cancellation Policy

- Payment is due at the time of booking or before your scheduled session.
- Cancellations require a minimum of 24 hours' notice. If less than 24 hours' notice is provided,

the session may be forfeited.

- Refunds are generally not offered. Exceptions may be considered on a case-by-case basis at the discretion of the Herbalist.

Privacy and HIPAA Disclosure

Although herbalists are not typically covered entities under HIPAA, we adhere to similar privacy standards to protect your information. All client information is kept strictly confidential and used only for tailoring herbal recommendations. Information may be shared only with your written consent, to members of your healthcare team if you authorize, or as required by law (e.g., in



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cases of suspected abuse or public health reporting). Under New York law, including the New York Health Information Privacy Act (NYHIPA), we commit to safeguarding your consumer health data.

Informed Consent

By signing below, I acknowledge:

- I understand the scope of herbal consultations.
- I release my Herbalist from liability for my personal health decisions.
- I have had the opportunity to ask questions and all have been answered.

Client Signature: _____ Date: _____

Herbalist Signature: _____ Date: _____

Initials: _____