

## **New Client Intake Questionnaire and Informed Consent**

Wild Current Herbalism · Ember Peters, RHP (HANS)  
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Please answer the following questions as thoroughly as possible, within your comfort level, to assist me in making the most accurate assessment and best possible recommendations. Please send these forms filled out to Ember at [e.peters.herbalist@gmail.com](mailto:e.peters.herbalist@gmail.com) before your appointment.

*\*Please note: Google is not a secure platform for sharing information. If you would rather share your health information in a more secure or private way, please email me for alternate options.*

**Name:**

**Today's date:**

**Email:**

**Telephone:**

**Address:**

**Best way to contact you:**

**Emergency contact:**

**Date of birth:**

**Gender:**

**Pronouns:**

**Height/Weight:**

**What are your primary goals in working with an herbalist?**

- 1.
- 2.
- 3.

**What other health issues do you have/have you had in the past?**

**Are you working with other health practitioners?**

**If yes, please list:**

**Allergies:**

**Medications currently or previously used and reason for taking:**

**Supplements/herbs/vitamins currently used:**

**Family health issues:**

**Diet:** specify how often (daily, weekly, monthly, never etc)

Dairy	Coffee	Soft drinks
Fish	Vegetables	Margarine
Soy	Sugar	Tobacco
Poultry	Baked goods	Water
Beans	Fruits	Alcohol
Red meat	Fried foods	Bread/Gluten
Nuts & Seeds	Greens	Other
Eggs	Butter	

**Food sensitivities (any foods that you tend to avoid?):**

**# of meals per day:**

**# of snacks per day:**

**How often do you cook?**

**What foods do you crave?**

**How often do you eat out?**

**Have you ever been hospitalized?**

**Have you had any surgeries?**

**If yes to either of the previous two questions, for what reason(s)?**

**Have you had lengthy exposure to environmental toxins (please specify)?**

**Hours per day on TV:**

**Hours per day on Computer:**

**Exercise type and frequency:**

**Typical stress level from 1 (low) to 10 (high):**

**Major stressors:**

**Typical bedtime:**

**Hours asleep:**

**Energy level during the day from 1 (low) to 10 (high):**

**What are dominant emotions in your life right now (joy, worry, anger, inspiration, etc)?**

Are you pregnant?

Breast-feeding?

Trying to conceive?

\*\*\* If you discover you are pregnant during the course of our work together, please discontinue all herbal supplements until we discuss whether it is necessary to modify your recommendations \*\*\*

## Informed Consent for Clinical Partnership

*This form outlines the responsibilities of the client and practitioner as we enter into a healing partnership. I hope that with this information you can make an informed choice about consulting with a clinical herbalist, and what you can expect during our work together.*

### **The Role of the Herbalist**

It is my view that the herbalist's primary role is as an educator and support for you as you work towards your goals for improved health and well-being. As a herbalist, I neither diagnose nor directly treat disease. Rather, I can make assessments of imbalances based on energetic patterns and physiologic presentation, and I educate you about how you can best support the healing of your body, mind and spirit.

Herbal medicine is based on the belief that the human body is a resilient and intelligent system with innate self-healing potential, and that whole plants work in synergy with each other and body systems to support these shifts. I use tools to assess how your individual patterns physiologically, emotionally and energetically, in order to recommend the most appropriate herbal, dietary and lifestyle changes specifically for you.

I carefully assess all interactions that herbs may have with pharmaceutical medications, and I can work with other health care practitioners if desired. I will gladly answer any questions you have about my scope of practice and credentials. If I think that your needs are beyond the scope of herbal practice or my own expertise, I will refer you to another practitioner. I support and encourage you to consult any practitioner of your choice, especially in the diagnosis and treatment of disease.

### **Client Rights, Expectations and Responsibilities**

All client records are kept strictly confidential unless you specifically request otherwise, such as sharing with other health practitioners. If you booked a consultation with student observers, your case may be discussed in confidence with students in the Wild Current Clinical Mentorship Program.

The comprehensive initial consultation is 90-120 minutes, where we discuss in depth your health issues and overall body system functions based on your priorities and goals. Within one week of your initial consultation, I will email you with detailed custom recommendations and can answer questions you may have about the recommendations via email or brief phone call. The initial consultation fee is \$150 and follow-up consultations are \$75 unless otherwise negotiated with the herbalist. This includes time needed for research and formulating of the herbal medicines. Herbs are not included in this price.

An acute consultation is 15-30 minutes, where I answer questions to the best of my ability about your acute health concern(s). *This is not a comprehensive intake to address your long-term health concerns.* I may also send you recommendations via email.

It is important to have patience and diligence for the herbs to be most effective. Formulas often need to be altered over time as symptoms and conditions change. I recommend follow-up consultations every 4-8 weeks to see how the herbs are working for you, and to make changes if necessary.

Herbal tinctures and bulk herbs can be purchased directly from Wild Current Herbalism or from various recommended retailers, though you are not obligated to purchase herbs from Wild Current Herbalism or any of the recommended retailers. My prices are as follows:

- 50ml tincture - \$15
- 100ml tincture - \$25
- 250ml tincture - \$55
- Bulk herbs: prices vary. Average is about \$8.50/100g
- Shipping in Canada: \$20

Except in an emergency, please notify me via email at least 48 hours in advance if you need to cancel an appointment. If you cancel an appointment with less than 24 hours notice, you may be charged a cancellation fee of \$30. I will wait for 15 minutes for you to arrive to your scheduled appointment. If you are more than 15 minutes late, the appointment will be considered a last-minute cancellation and you may be charged accordingly.

Payment is due at the time services are rendered. Payments are accepted in the form of Interac e-transfer (Canada), credit card and Paypal. In the event that you have an outstanding invoice for over 2 weeks, services will be suspended until the invoice is paid or resolved.

### **Safety**

Modern research and traditional knowledge indicates that most commonly used herbs are exceptionally safe. Confirmed cases of herb and drug interactions are rare, however, can occur. It is your responsibility to fully disclose any medications, herbs and supplements currently in use. It is recommended that you inform your doctor of all herbal and nutritional supplements you are taking. If there is any suggestion that the effect of a drug is being altered by simultaneous use of an herb, promptly discontinue taking the herbs and inform all health professionals involved.

Though I will not recommend plant doses known to have toxicity, it is important that you divulge all history of disease in the liver and kidneys, so that I can provide suitable recommendations. Discontinue all herbs if you become pregnant, until further advice can be given by a qualified professional. It is advisable to stop taking herbs at least 48 hours before a surgical operation and in the event of being prescribed anticoagulants, antiepileptic drugs and digoxin.

### **Acknowledgement**

I, \_\_\_\_\_ have read this document and understand the nature and extent of the client and practitioner relationship with Ember Peters, Registered Herbal Practitioner. I understand that: a) Ember Peters is not a medical doctor and therefore does not claim to diagnose, treat or cure any medical conditions nor prescribe medications; b) there is no implied or stated guarantee of success or effectiveness of any specific protocol or herb; c) I am responsible for all decisions I make regarding my health; d) I am free to refuse any herbal recommendations, and may choose to discontinue this client/practitioner relationship at any time; e) an herbal consultation is not a substitute for medical care, but can offer guidance and information so that I can better understand and heal myself. I hereby affirm that I consent and agree to the above statements of my own free will and request to engage the services of Ember Peters as a professional clinical herbalist.

**Client Signature:**

Date:

**Herbalist Signature:**

Date: