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Rooted in You: An Herbal Wellness Reflection

Please complete this form with as much honesty and detail as feels comfortable. Your responses help me meet you where you are and offer herbal support that aligns with your body, story, and spirit. All information is held in confidence and honored with care.

Name: Date:

Address:

Phone Number: Best time to call:

Email:

Age: Date of Birth: Appropriate pronouns:

Height: Weight:

Occupation:

Typical work schedule:

Current health practitioners you work with:

Current **prescription** medications, herbs or supplements you take:

Current **over-the-counter** medications, herbs or supplements you take:

Have you ever had an adverse reaction to any medication or herb?

Please describe your most important health concern(s):

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Nourishment & Digestion

Your daily eating patterns can reveal much about your energy, mood, and internal rhythms. This isn't about judgment—it's about listening to what your body is asking for.

	Breakfast	Lunch	Dinner	Snacks
Time				
Type of food				

Water intake per day: _____ounces

Food cravings:

Food allergies/intolerance/sensitivities:

Flavor preferences (check all that apply): ☐Sweet ☐Salty ☐Sour ☐Bitter ☐Spicy

Do you prefer: ☐cooked foods ☐cold/raw foods ☐it varies

Typical eating environment (check all that apply:
☐Home ☐Work ☐On-the-go ☐In peace ☐Distracted ☐With others ☐Alone

How often do you prepare your own food?:
☐Always ☐Often ☐Occasionally ☐Rarely

Typical consumption per week (approximate servings):

_____coffee/caffeinated tea
_____soda
_____alcoholic beverages
_____eating out
_____animal protein
_____dairy
_____sweets
_____fresh fruits/vegetables
_____soy products
_____gluten

WITHIN ARMS REACH
Therapeutic Massage and Healing Arts

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Personal & Family Health History

We carry patterns from the people and places we come from—some genetic, some energetic. This section invites a gentle inventory of those inherited threads.

For each condition below, please check who it applies to:

	You	Mother	Father	Sibling(s)
Diabetes	☐	☐	☐	☐
Autoimmune Disease	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐
Tumor(s), Cancer	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Substance abuse/addiction	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐
Liver disease	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Mental illness	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐
Reproductive/ sexual disease	☐	☐	☐	☐
Other:	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Circumstances of your birth (if known):

☐Natural ☐Cesarean ☐Traumatic ☐Premature Other: _____

Do you have children?

☐Yes ☐No If yes, their ages: _____

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Significant past medical events (with approximate dates if known):
• Major injuries: _____

_____
• Surgeries or hospitalizations: _____

_____
• Childhood illnesses: _____

_____
• Recent or lingering illness: _____

_____

Substance use (check all that apply):
☐Tobacco ☐Vaping ☐Cannabis ☐Recreational Drugs
Frequency:_____

Environmental or chemical sensitivities (pollen, cleaners, etc.):_____

_____

Current Systems Check

Let's listen inward.
The body speaks in sensations, symptoms, and subtleties. The questions below help us understand how your inner systems are functioning and where herbal support may assist.

Digestive Health (check any that apply):

☐Poor appetite ☐Heartburn / Reflux
☐Gas / Bloating ☐Constipation
☐Nausea ☐Cramping
☐Incomplete digestion ☐Diarrhea
☐Burping ☐Blood in stool
☐Cavities or gum issues

Bowel movement frequency: _____
Typical consistency or color: _____

Urinary & Kidney Health:

☐Painful urination ☐Frequent urination
☐Infections (UTIs, yeast, etc.) ☐Kidney stones
☐Water retention or swelling ☐Lower back pain
Urine quality (color/odor): _____

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Frequency of urination:

Respiratory Health:

☐Sinus congestion ☐Seasonal allergies
☐Asthma or wheezing ☐Bronchitis or lung issues
☐Shortness of breath ☐Recurrent cough
☐Mucus production – Color: _____ Thickness: _____

Stress, Sleep, and Circulation

Where does your body hold stress? How does it recover?

Stress Patterns:

☐Fatigue ☐ Job stress ☐ Family stress
☐Easily overwhelmed ☐ Trauma history
☐Difficulty relaxing ☐ Anemia

How do you respond to stress? _____
Current stressors: _____

Sleep Rhythms:

• Bedtime: _____ • Wake time: _____
☐Restful ☐Fragmented ☐Trouble falling asleep
☐Night waking ☐Vivid dreams ☐Use of aids (melatonin, etc.)

Cardiovascular & Circulatory:

☐Cold hands/feet ☐ Low or ☐ high blood pressure
☐Bruise easily ☐Palpitations or irregular heartbeat
☐Rarely sweat ☐Swelling in hands or feet
☐Varicose veins ☐ Numbness or tingling

(Optional: Known BP or cholesterol numbers):
• Blood Pressure: _____
• Cholesterol (Total / HDL / LDL): _____

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Immune function:

- ☐ Frequent illness
- ☐ Dust allergies
- ☐ Reactions to vaccines
- ☐ Recurrent infections
- ☐ Seasonal allergies
- ☐ Chemical sensitivity
- ☐ Joint tenderness/soreness
- ☐ Fever (temperature)
- ☐ Pet allergies
- ☐ Muscle tenderness/soreness
- ☐ Wounds heal slowly/prone to infection
- ☐ Mold allergies
- ☐ Sensitivity to medication
- ☐ Recurrent rashes/skin irritation

Immunization(s) received:

- ☐ Influenza (Flu) – Annual ☐ Unsure
- ☐ COVID-19 – Most recent dose/booster ☐ Unsure
- ☐ Tdap (Tetanus, Diphtheria, Pertussis) – One-time dose ☐ Unsure
- ☐ Td (Tetanus, Diphtheria) – Every 10 years after Tdap ☐ Unsure
- ☐ Shingles (Shingrix) – 2-dose series ☐ Unsure
- ☐ Pneumococcal (PCV20 or PCV15 + PPSV23) – Age 65+ ☐ Unsure
- ☐ Hepatitis B – If at risk ☐ Unsure
- ☐ Hepatitis A – If at risk or for travel ☐ Unsure
- ☐ MMR (Measles, Mumps, Rubella) – If born in 1957 or later ☐ Unsure
- ☐ Varicella (Chickenpox) – If never had the disease or vaccine ☐ Unsure
- ☐ RSV (Respiratory Syncytial Virus) – Age 60+ (if recommended) ☐ Unsure

When you get sick, how do your symptoms first manifest?

Chronic conditions:

Nervous System, Hormones & Metabolic Health

The body keeps the score—and so does the nervous system.
Tell me how your system responds to stress, stimulation, and internal cycles.

Nervous System

- ☐ Anxiety ☐ Panic attacks
- ☐ Depression
- ☐ Headaches
- ☐ Migraines
- ☐ Brain fog or memory issues
- ☐ Tremors / shaking
- ☐ Shooting or radiating pain
- ☐ Sciatica
- ☐ Numbness / tingling
- ☐ Herniated discs
- ☐ Sleep disturbances
- ☐ Head injury / trauma

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Metabolic & Endocrine

☐Blood sugar imbalances ☐Hypoglycemia
☐Thyroid dysfunction ☐Nighttime hunger
☐No appetite in the morning ☐Over- or ☐underweight
☐Hormonal swings / moodiness ☐ Adrenal fatigue
☐Jaundice or hepatitis ☐ Often feel hot ☐Often feel cold
(Optional: Fasting glucose level, if known): _____

Headache/pain recurrence: ☐daily ☐weekly ☐monthly ☐seasonal

Aggravating factor(s) for headache/pain recurrence:

Muscle/bone/joint health:

☐Cavities in childhood ☐Brittle nails ☐Broken bones
☐Carpal tunnel Syndrom ☐Arthritis ☐Cavities in adulthood
☐Osteoporosis ☐Muscle pain ☐Tendinitis
☐Chronic swelling/inflammation ☐Chronic tension – location?

Reproductive & Sexual Health

Your cycles, stories, and relationships with your body matter.
Only answer what feels safe and relevant. Skip anything you'd prefer not to share.

For menstruating or formerly menstruating clients:

- Age of first period: _____ Still menstruating? ☐Yes ☐No
- Cycle length: _____ days Flow: ☐ Light ☐ Moderate ☐ Heavy
- Clotting? ☐Yes ☐No Regular? ☐Yes ☐ No Painful? ☐Yes ☐No
- PMS / PMDD symptoms: _____
- Current method of contraception or cycle tracking (if any): _____

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Reproductive & Hormonal Health

☐Irregular cycle ☐Endometriosis
☐PCOS ☐Fibroid / Cysts ☐Infertility
☐Menopause / Perimenopause symptoms
☐Breast tenderness / fibrocystic tissue
☐Hormonal therapy (bioidentical or synthetic)

Sexual Health

☐Painful intercourse ☐Low libido ☐High libido
☐History of STIs ☐ Current concerns with intimacy or pelvic health:

For those with prostates or male anatomy:

☐Prostatitis ☐Erectile dysfunction
☐Urinary flow issues ☐Testicular pain or swelling

Emotional, Spiritual & Energetic Awareness

Your emotional life is part of your healing.
Herbs can support the heart just as much as the liver or lungs. Let's explore what shapes your inner world.

Emotions you feel most often (check all that apply):
☐Joy ☐Sadness ☐Anxiety ☐Anger
☐Inspiration ☐Grief ☐Nostalgia ☐Love
☐Fear ☐Worry ☐Regret ☐Apathy ☐Hope

How are your relationships with...
- **Family:** _____
- **Friends:** _____
- **Romantic partner(s):** _____
- **Community or colleagues:** _____

Do you have a support system or people you trust?
☐Yes ☐No ☐In progress

What brings you joy or fulfillment?

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What helps you relax or return to yourself?

I always wanted to be: _____

I always wanted to do: _____

Do you have a spiritual or ancestral practice?

☐Yes ☐No ☐I'm exploring
How does it affect your well-being? _____

Energetic Patterns

Do you identify as any of the following? (Check all that resonate):
☐Empath ☐Highly Sensitive Person (HSP)
☐Intuitive / Energy-Aware ☐Spiritual Seeker
☐Often absorb others' emotions or energy
☐Need alone time to recover from overwhelm

When you feel energetically "off," how does it show up for you?
☐Emotional overload ☐Exhaustion
☐Physical tension ☐Scattered mind
☐Mood shifts ☐Numbness or disconnection

Do you have grounding practices?
☐Yes ☐No ☐I'd like to learn
If yes, what helps you return to balance? _____

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Client Consent & Liability Agreement

I understand that the services provided by *Within Arms Reach*, including herbal consultations, personalized wellness protocols, and any lifestyle or product recommendations, are based on traditional and contemporary herbal knowledge. These services are intended to support the body's natural ability to heal and restore balance in a holistic, non-clinical way.

I acknowledge and accept the following:

1. Not a Replacement for Medical Care

I understand that Jody Valkyrie, the practitioner, is not a licensed medical doctor, naturopath, or state-licensed healthcare provider. Herbal consultations are not intended to diagnose, treat, or cure medical conditions as defined by conventional medicine. They are offered for educational and wellness-support purposes only.

2. Scope of Practice

The guidance I receive is rooted in holistic health principles and energetic herbalism. I understand that herbalists may not legally claim to "treat" medical conditions and that all support offered is complementary to, not a substitute for, licensed medical care.

3. Personal Responsibility

I acknowledge that all decisions regarding my health are ultimately my own. I agree to take full responsibility for the use or non-use of any herbal products or lifestyle suggestions offered, and to listen to my body's responses as I move forward in the process.

4. Disclosure of Medical Information

I confirm that I have provided accurate and complete information about my current medications, supplements, allergies, sensitivities, and relevant health history. I understand that omitting information may increase the risk of herb-drug interactions or other complications.

5. Possible Reactions and Risks

I understand that while herbs are generally safe when used appropriately, all substances — natural or otherwise — can affect individuals differently. Reactions, side effects, or interactions may occur, particularly when combined with prescription medications or pre-existing conditions. I agree to discontinue use and notify the practitioner immediately if I experience any discomfort or adverse effects.

6. Voluntary Participation

I understand that my participation in herbal consultations and use of any products or recommendations is entirely voluntary. I may pause or discontinue this process at any time, without penalty.

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7. Communication and Contact

I give permission to be contacted via email or phone regarding my wellness protocol, follow-up support, and scheduling. I understand that I can revoke this permission at any time.

8. Confidentiality

I understand that all personal and health information I share will be held in strict confidence and used only for the purposes of my care. All records will be stored securely and in compliance with ethical and legal standards.

9. Products and Preparation

I understand that any herbal products offered are crafted with care using high-quality, ethically sourced ingredients. I agree to follow any usage and preparation instructions given. I understand that custom formulations are not FDA-approved and are offered as supportive, not clinical, interventions.

10. DIY Kits, Workshops, and Blends

If participating in any hands-on herbal preparation, I understand I am responsible for combining the ingredients mindfully and following guidance provided. I agree that these offerings are for personal, educational use only and not intended for resale or substitution for professional medical care.

11. Refunds and Returns

I understand that custom herbal blends, once opened or prepared, are non-refundable. If there is a concern with a product, I agree to contact the practitioner for resolution.

12. Emergencies

I understand that *Within Arms Reach* does not provide emergency medical care. In the event of a serious or life-threatening condition, I agree to contact emergency services or a licensed provider immediately.

Consent Acknowledgment

By signing below, I affirm that I have read and understand the contents of this agreement.
I recognize that the services offered through *Within Arms Reach* are holistic in nature and grounded in the wisdom of traditional herbal practice.

I enter into this healing partnership willingly and with self-responsibility. I have had the opportunity to ask questions, seek clarification, and reflect on my personal intentions for wellness support.

With this signature, I consent to participate in herbal consultation services and agree to the terms outlined in this agreement, knowing that my path to wellness is uniquely my own—and supported with care and integrity.

Client Name (Printed): _____
Client Signature: _____ _____
Date: _____