



LONGEVITY MOUNTAIN HERBS & HEALTH CLINIC

Mark Hammer, CMH-III



Client Intake Form

Cell: (832) 691-5333

herbmaster@traditional-chinese-herbs.com

<https://traditional-chinese-herbs.com>

Email Address:					Date:	
Name:			Hm Phn:		Wk Phn:	
Address:				City:		State: Zip:
DOB	Age	Sex: M F	Ht: ft.	inch	Wt.	lbs.
Marital Status: (circle) single married divorced other					Profession:	
Blood Pressure:			Pulse:	Temperature:	Cholesterol	
Referral Source:						
Purpose of Consult:						
Medications:						
Past Operations:						

Payment is due at time of service unless special arrangements are made in advance. Signature below authorizes and consents to care by Longevity Mountain, Health Clinic & staff. I will call the staff, if there is any problem and come in for appointment(s) for adjustment in formulation, if needed. I understand that diet, weather, lifestyle, thought, emotions and physicality all have bearing on outcome and may determine the term of correction. With severe chronic conditions, it took time to arrive at imbalance and will need your patience to naturally resolve without causing further adverse effects.

Client signature

Date

Parent signature if minor

DO NOT WRITE BELOW THIS LINE

Constitution:
Herbal Remedy:
Regimen:
Credit Card: Date: Code:

Patient Information Form

In your own words describe your chief complaint

Please check any symptoms that apply to you now or in the last 3 months.

Part A:

cough____
phlegm____
wheezing____
short of breath____
hoarseness____
sneezing____
loss of smell____
nasal congestion____
nasal discharge____
asthma____
allergies____
hay fever____
itching eyes____
sinus headaches____
acne____
perspire easily____
itchy skin____
swollen glands____
vocal problems____
sore throats____
painful lymph nodes____
dry skin____
dry brittle hair____
smoker____
fatigues after perspiring____
catch colds easily____
grief____
melancholy- sadness____
crave spicy foods____
dislike dry weather____
dislike wind____
dislike damp weather____

Part B:

drooping eyelid____
prolapsed uterus____
prolapsed stomach____
gums bleed easily____
nose bleeds____
appetite - high____ low____
diarrhea____
loose stool____
bowel movements per day____#
heartburn____
constipation____
ulcers____
stomach pain____
gas____
intestinal rumbling____
alternating constipation & diarrhea____
butterfly sensation in stomach____
bad breath____
poor short-term memory____
poor long-term memory____
inability to concentrate____
known food allergies____

loss of taste____
crave sweets____
chocolate especially____
cookies - cakes____
bruise easily____
slow wound healing____
poor digestion____
abdominal bloating____
fatigue after eating____
discomfort after eating____
nausea____
vomiting____
belching - burping____
flatulence____
hemorrhoids____
hernia____

Part C:

headache___
 - where on your head? _____
 migraine___
 tight or constricted chest___
 anger easily___
 pains increase with stress___
 clear throat often___
 high blood pressure___
 last reading ___/___
 acid regurgitation___
 vertigo___
 eyes red___
 yellow eyes/skin___
 spots before eyes___
 hiccups___
 irritable___
 lower rib pain___
 bitter taste in mouth___
 depression___
 frustration___
 sensation of something in throat___
 Premenstrual symptoms – Describe

dizziness___
 eyes tired___
 eyes sensitive___
 blurred vision___
 eyes sore___
 high cholesterol___
 high triglycerides___
 history of hepatitis___

Part D: Women Only

age at first period___
 age of menopause___
 painful menses___
 cycle (ie. every 28 days)___
 irregular cycle___
 length of flow (ie. 4-7 days)___
 blood clots___
 cramps later in flow___
 recent change in cycle___
 history of vaginal warts___
 vaginal pain___
 irregular pap test___

breast distension___
 breasts painful___
 fibroid tumors___
 fibrocystic breast/ovary___
 cramps early in flow___
 Color of flow: dark___ light___ bright___
 # of pregnancy___
 miscarriages___
 infertility___
 gyn surgeries_____

 date of last period ___/___/___
regular breast exam or mammogram ___

Part E: (men & women)

fatigue___
 slump time of day___ am/pm
 awakens fatigued___
 cold feet___
 cold hands___
 urine color: dark___ light___ clear___

urination daily: (important)

4-6 times___
 6-10 times___
 10+ times___

night urination___
 decreased stream or amount___
 urgent urination___
 painful urination___
 ear ringing___ high___ low___
 hearing loss___
 dark circles under eyes___
 weak/sore knees___
 rheumatoid arthritis___
 hair loss___
 impotence___
 chronic urinary infections___
 intolerant of cold___
 history of Kidney infection___
 joints stiff___
 difficulty breathing___
 fear___
 anxiety___
 morning diarrhea___
 excess energy___
 sex drive-high___ low___ normal___
 incontinence___

difficult urination____
burning/painful urination____
swelling ankles____
puffy beneath eyes____
lower back pain____
loss teeth____
osteoarthritis____
infertility____
spermatorrhea____
abnormal thirst____
craves salt____
history of kidney stones____
joints painful____
pains get worse with exercise____
phobias____
asthma____
seminal emission____
memory loss____

Part F:

Palpitations (feeling of heart beating, racing, or skipping beats)____
speech problems____
delirium____
jittery____
sweat at night____
hot palms____
insomnia____
pale skin____
missed pulse beats____
feeling of impending doom____
dry mouth____
chest pain____
restlessness____
irritability____
short of breath____
flushing in afternoon____
numb hands____
sore tongue____
mouth sores____
heart murmur____
chest congested____
scanty, yellow urine____

Part G:

sense of heaviness____
favor warm drinks____
favorite color____
physical labor____

muscle cramps____
fever/chills____
brittle nails____
favors cold drinks____
sedentary work____
regular exercise____
twitches/spasms____
weakness____

Part H: (Please Circle What Applies to You)

Medications:

Antacids
Antidepressants
Antibiotic/Antifungal
Glucose Regulator/Insulin
Anti-inflammatory
Aspirin/Tylenol/Advil
Chemotherapy
Heart Medications
High Blood Pressure Rx
Hormones
Laxatives
Oral Contraceptives
Radiation
Recreational Drugs
Thyroid
Relaxants/Sleeping Pills
Ulcer Medications
Other Meds_____

Do You Eat, Drink or Use (Circle):

Alcohol
Coffee
Decaf
Candy
Cigarettes
Carbonated Beverages
Diet Sodas
Distilled Water
Fried Foods
Fast foods, regularly
Refined sugars
Red meat, regularly
Margarine

Vitamins_____
Minerals_____
Herbs_____
Homeopathics_____

Check if you:

diet often____
exercise____
salt foods w/o tasting____
are under excessive stress____
exposed to chemicals____
work at a computer____

Check any you have had:

appendicitis____
scarlet fever____
typhoid fever____
HIV____
Rheumatic fever____
nephritis____
malaria____
anemia____
mumps____
measles____
small pox____
eczema____
diabetes____
diphtheria____
heart disease____
pneumonia____
polio____
jaundice____
hearing loss____
tuberculosis____
herpes____
tonsillectomy____
hepatitis____
epilepsy____
obesity____
asthma____
cancer____
heart attack____
goiter____
influenza____
pleurisy____
meningitis____
chemical poisoning____
drug reaction____
allergic reaction____
whooping cough____
alcoholism____
mental disorders____
eating disorders____
venereal infection____

Anything else you would like us to be aware of?

Family History of: (list who)

Stroke_____
Heart Disease_____
Cancer (who & what kinds)_____

Diabetes_____
Mental Disorders_____
Gallbladder Disease_____
Thyroid Disease_____
Alzheimer's_____
Neurologic Disease_____

Emotional Scale: (circle # how you feel usually)

Depressed 5 - 4 - 3 - 2 - 1 - 0 - 1 - 2 - 3 - 4 - 5 Anxious

of hours you sleep at night? (average) ____

Did you get the Vaccine? (Circle) Yes No

Any boosters? How many? _____

Any Long Covid issues? _____

Please send by phone or email images of your:

- tongue (sticking out)
- Face
- Fingernails
- thumbnails

Send to 832-691-5333 or

herbmaster@traditional-chinese-herbs.com

Please send your assessment word docs by email.

To:

herbmaster@traditional-chinese-herbs.com

CONSTITUTION ASSESSMENT

Name: _____

Date: _____

Scoring: Give yourself 1 point for mild symptoms (1-2xs per month), 2 points for moderate symptoms (3-6xs per month), 3 points for a severe condition (7xs+ per month). If a symptom doesn't apply, then leave the item blank. Men and women fill out both Yin and Yang sections. For unclear items, consult your Chinese Medicine practitioner.

YIN CONSTITUTION	Mild (1)	Moderate (2)	Critical (3)	Score
1. Give yourself two Yin points, if you are a woman				
2. Do you predominantly have feminine characteristics? (Men incl.)				
3. Do you appear timid?				
4. Do you stay indoors?				
5. Easily tired?				
6. Are you predominantly sluggish in your behavior?				
7. Easily fall asleep when traveling by plane, train, or bus?				
8. Are you more comfortable in winter-cold compared to summer-heat?				
9. Overweight? (If yes, score 1 point for every 10 lbs. over normal weight for your sex & build.)				
10. Is food more than or just as appealing as sex? (libido question)				
11. Is your sex drive weaker than normal				
General Yin Score				
YIN: Cold Constitution	Mild	Moderate	Critical	Score
1. Is your thirst usually quenched?				
2. Do you like hot drinks more than cold drinks?				
3. Do you normally have a pale complexion?				
4. Is your urine usually plentiful and clear?				
5. Bowel movements are normally soft?				
6. Do you often have cold hands or feet?				
7. During cold weather do you experience muscular or joint pain?*				
8. Is the skin surface of your stomach, cool or cold? (1 pt.=cool, 2pt.=cold 3pt=very cold)				
Cold Constitution Score				
YIN: Damp Constitution	Mild	Moderate	Critical	Score
1. Do you often feel tired?				
2. Are you overweight?				
3. Is your complexion usually dull?				
4. Are you often sad or depressed?				
5. Do your palms sweat?				
6. Is your tongue usually glossy or greasy?				
7. Do your joints ache when its raining?				
8. Does your tongue have indentations on the side?				
Damp Constitution Score				

YIN: Deficient Constitution	Mild	Moderate	Critical	Score
1. Do you drink fluids throughout the day?				
2. Are you often tired but appear to have abundant energy?				
3. Are you skinny or underweight?				
4. Do you sweat a lot?				
5. Do you sometimes suffer from heart palpitations				
6. Do you have a pale complexion?				
7. Is your tongue white or light pink without coating?				
8. Do you experience insomnia, irritability, worry, excess thought? ○ Circle which applies to you.				
Deficient Constitution Score				
Total YIN Score				
Both Men & Women Fill Out Below				
YANG CONSTITUTION	Mild (1)	Moderate (2)	Critical (3)	Score
1. If you are a man, give yourself 2 Yang points.				
2. Do you consider yourself masculine?				
3. Are you generally self-confident?				
4. Are you the outdoor type?				
5. Can you work for long stints without tiring?				
6. Do you consider yourself energetic?				
7. Do you find it difficult to sleep when traveling by plane, train, or bus?				
8. Are your hands often hot?				
9. Do your feet sweat?				
10. Do you prefer the heat of summer to the cold of winter?				
11. Are you underweight? (If your answer is yes, score 1 point for every 10 pounds below the normal weight for your sex and build.)				
12. Is sex better than food?				
13. Do you consider your sex drive to be higher than normal? (Give yourself 2 points if you answer yes.)				
General Yang Score				
YANG: Hot Constitution	Mild	Moderate	Critical	Score
1. Do you normally prefer cold drinks to warm or hot ones?				
2. Is your complexion generally reddish?				
3. Is your urine usually scanty and of a reddish or yellowish hue?				
4. Are you often constipated?				
5. Are your stools usually dry?				
6. Is your tongue normally red with a yellowish coating or no coating?				
7. Do you suffer from frequent skin eruptions?				
8. Do you stay up past 12 midnight?				
Hot Constitution Score				

YANG: Dry Constitution	Mild	Moderate	Critical	Score
1. Are you often thirsty?				
2. Are your nose & throat usually dry?				
3. When you catch cold, is your cough usually dry without mucus?				
4. Do your eyes and nose often itch?				
5. Is your tongue frequently parched and dry?				
6. Is it difficult for you to gain weight?				
7. Are you often constipated?				
8. Is your skin usually dry?				
Dry Constitution Score				

YANG: Excessive Constitution	Mild	Moderate	Critical	Score
1. Are you usually full of energy?				
2. Do you consider yourself to be normally high-spirited?				
3. Is the tone of your voice high-pitched?				
4. Is your complexion usually flushed?				
5. Is your blood pressure higher than normal?				
6. Are you restless and impatient?				
7. Do you suffer from constipation?				
8. Do you have any acid regurgitation?				
Excessive Constitution Score				
Total YANG Score				

Emotion: 1) What emotion(s) do you experience most in your life? **Circle**.

2) What emotion do you feel when stressed? Put an **X** next to the emotion.

anxiety		depression		anger		rage		fear	
grief		sadness		worry		joy		hyper	

Additional comments:

Scoring:

Your practitioner will score this for you. If you would like to learn how to score this aspect, then follow the procedures below. After completion of the questionnaire, first score only the main headings or the general Yin and Yang scores (don't include cold, damp, deficient, hot, dry, and excessive constitution scores in your first tally.) The first general score will allow you to see which YIN/YANG characteristic is predominant. Note: No one is completely YIN or YANG. Therefore, a score of 0 for a YIN score for a man is not realistic. We are both with a predominance in one area. You can be a man who enjoys sex, outdoor life, etc. and still you will not have a 0 score.

🕒 Sub Body Type Criteria 🕒		
1-4 points-Mild indicator	5-7 points-Moderate indicator	8+ points-Critical indicator

Score your body constitution:

Once each area has been scored, add the cold, damp, and deficient scores to your YIN score. Then add the hot, dry, and excessive measures to your YANG score. Usually, most people will find their YIN/YANG scores will more or less be equal.

The point of this survey is to determine your general tendencies. This will help you correct current choices, which contribute to imbalance. Before deciding what diet is best for you, climate factors need to be considered. For instance, if you have a 23 YIN score and a 18 YANG score, you might be tempted to add onion, pepper, or garlic in your diet for the heating effects. This would be a mistake. Summer also counters YIN or cold deficiencies in your body. Those hot choices would tip you on the scales on the YANG side. Here is a table to factor in the seasons relative to your food choices: (next page)

YIN & YANG Effects of Climate

Spring	Cool summer	Hot Summer	Summer end (Sept., Oct.)	Autumn	Warm winter	Cold winter
3 Yang pts	5 Yang pts	8 Yang pts	0 pts	3 Yin pts	5 Yin pts	8 Yin pts

Add these scores to your total Yin/Yang scores for a more complete picture of your current constitution health.

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In modernized countries, food choice according to a food's characteristics is not even considered relative to maintaining body balance and your health. Finally, if your Yin & Yang scores are obviously different then a slight adjustment in your food choices is recommended. Try to include more offsetting or balancing foods in your diet.

Rule of thumb: Increase your intake of Yin or Yang, cool or warm foods by 10 % for every five point spread on your total Yin/Yang scores. Include more warming, drying or nourishing foods if your score indicates you are a cold, damp, or deficient constitution. If the season is winter, eat a little more cold or cooling food if you are the hot, dry, or excessive type, or it is summer.



Health improving, food choices, need to be selected based on personal constitution, time of year, and the nature of your imbalance. Once you have a clear picture of your health, then you can choose your diet with awareness of the cooling or warming properties of foods, their taste, element and whether they lubricate or constrict.

Next, we will look at your food choices and how they relate to these prior mentioned characteristics.

Based on the scoring and special circumstances, I will send you:

***"Are the Foods You're Eating, Killing You?
"Foods to Avoid and Foods That Benefit Your Health!"***

The report is customized to support your general constitution requirements.

For complaints such as cancer, diabetes, heart disease, obesity, and hormonal disorders, please consult, in detail, with your practitioner.