



## Ontario Herbalists Association Case History Template

Client's age, gender, other details

Primary Health Concerns

Description

Associated Symptoms

Time of first onset

Progression

Precipitating factors

Aggravating factors

Relieving factors

Previous treatments

Secondary health concerns

Drugs and Supplements used

Allergies

Previous Health Concerns

Lifestyle/Sleep/Stress

Diet

Treatment Overview

Herbal Formula and Dose

Diet and Lifestyle Recommendations

Possible Interactions and Contraindications

Considerations for the Future