

**FLOWER ESSENCES  
BACKGROUND INFORMATION FORM FOR ADULTS**

*Please note: This form is intended to document important data central to Flower Essence therapy. It is best if the client completes this form in his or her own handwriting. If this is not possible, the practitioner can use an interview format to gather the information.*

Referred by \_\_\_\_\_ Date \_\_\_\_\_  
Full name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone[s] Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
Date and place of birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex M/F \_\_\_\_\_  
Marital status \_\_\_\_\_ Number of \_\_\_\_\_ and ages of children \_\_\_\_\_  
Living alone or with others \_\_\_\_\_  
Employment/profession \_\_\_\_\_  
Other main activities/hobbies, interests \_\_\_\_\_

**Have you used Flower Essences before? How did you find out about them?**

Brief summary of your experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Main reasons for wanting to use Flower Essences:** Check all that may apply

- |  |  |
|--|--|
| <input type="checkbox"/> To deal with negative/painful emotions        | <input type="checkbox"/> For greater spiritual awareness                   |
| <input type="checkbox"/> To help in relationships with others          | <input type="checkbox"/> For shifts in physical healing                    |
| <input type="checkbox"/> Greater clarity about my lifework & direction | <input type="checkbox"/> To introduce a more positive attitude toward life |
| <input type="checkbox"/> Improve self-image & feelings about myself    | <input type="checkbox"/> For an immediate crisis(describe below)           |
| <input type="checkbox"/> Enhance creativity and self-expression        | <input type="checkbox"/> For long-term inner growth & change               |
| <input type="checkbox"/> Coping with stress & the demands of life      | <input type="checkbox"/> Other _____                                       |

**Please comment on the above areas** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of your general state of health:**

Physical *[Note any significant medical history, diet, exercise, energy level, etc.]*  
\_\_\_\_\_  
\_\_\_\_\_

Emotional *[feelings about self or others, on-going issues or areas of conflict]*  
\_\_\_\_\_  
\_\_\_\_\_

Mental *[outlook on life, beliefs and attitudes]*  
\_\_\_\_\_  
\_\_\_\_\_

Spiritual *[ultimate sense of purpose, moral or religious values]*  
\_\_\_\_\_  
\_\_\_\_\_

**How do you feel about your work and other vocational interests** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you feel about your relationships, especially major relationships** \_\_\_\_\_

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**Briefly discuss your family background:**

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**Traumas:** In your past, are you aware of anything traumatic that may have occurred

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Accidents, deaths/losses of family members

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Allergies, sensitivities in the past, or now \_\_\_\_\_

Chronic skin problems in the past or now \_\_\_\_\_

Sleeping problems in the past or now? \_\_\_\_\_

**What other therapies or significant growth experiences are you now undergoing?**

Are you taking any medication, or are you on any special dietary program?

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If there is any other information you think would be helpful attach additional sheets as needed.

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**Choice of Preservatives:** \_\_\_\_\_

Kindly specify your choice. To prevent spoilage of the essence, your choice of preservative is:

- (a) 30% **brandy**,
- (b) 30% **apple cider vinegar**,
- (c) 50% **Vegetable Glycerin**,
- (d) 30% **vodka**, added to the spring water, or
- (e) 99% **Red Shiso**, a vegetable-based stabilizer from Green Hope Farm. Or if you prefer
- (f) **just water**, the drops need refrigeration, although they may be fine for up to 3 weeks.

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