



# HUCKLEBERRY LANG

MASTER IRIDOLOGIST & HERBALIST

## NEW CLIENT INFORMATION

Please print clearly. Complete page 1 and 2.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Easiest place to reach you: \_\_\_\_\_ May we leave a message? Y/N

Referred by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Complaints (reason you are here): \_\_\_\_\_

Current medications/drugs being taken with dosages: \_\_\_\_\_

Are you currently under the care of a physician or other health care professionals? If yes, please give name: \_\_\_\_\_

Are you currently taking vitamins, herbs or nutritional supplements? If yes, please list: \_\_\_\_\_

Personal Habits: Do you use the following and if so, how much?

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

Soda \_\_\_\_\_ Sugar \_\_\_\_\_ Non prescription drugs \_\_\_\_\_

---

**New Client Info Page 1, see reverse for Page 2.**

P: 256.739.0280 E: huckleberrylang@gmail.com

HUCKLEBERRYLANG.COM

## NEW CLIENT INFORMATION, PAGE 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH HISTORY:

List any major illnesses, injuries, surgeries (with approximate dates):

---

---

---

---

Any major scars or body piercings (please list): \_\_\_\_\_

---

# of pregnancies: \_\_\_\_\_ Are you currently pregnant: Y/N

Marital status (please circle): Single, Married, Divorced, Widowed

Name of Spouse or Partner: \_\_\_\_\_

Describe health of Spouse or Partner: \_\_\_\_\_

# of Children: \_\_\_\_\_ Any concerns or health issues (if so, please list):

---

---

---

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Stroke / Other: \_\_\_\_\_

---

Any household pets or other animals you or family members are in close contact with:

---

How can we help you? \_\_\_\_\_

---

---

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



## HUCKLEBERRY LANG

MASTER IRIDOLOGIST & HERBALIST

### DISCLOSURE

I understand that Robert Lang, ND, is recommending the above supplementation and nutritional program based upon his understanding and experience as a Nutritional Consultant. I also understand that this program is not intended as medical advice and does not replace the need for medical treatment and/or advice from my physician. I have been advised to consult with my physician prior to starting the above supplementation and nutritional program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SYMPTOM SURVEY FORM**  
(Restricted to Professional Use)

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS:** Circle the number that applies to you. If a symptom does not apply, leave it blank.  
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),  
or (3) for **SEVERE** symptoms (occurs almost constantly).

**GROUP ONE**

- |                                   |  |                                   |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset        | 8 - 1 2 3 Gag Easily                       | 15 - 1 2 3 Appetite reduced       |
| 2 - 1 2 3 Get chilled, often      | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often      |
| 3 - 1 2 3 "Lump" in throat        | 10 - 1 2 3 Extremities cold, clammy        | 17 - 1 2 3 Fever easily raised    |
| 4 - 1 2 3 Dry mouth-eyes-nose     | 11 - 1 2 3 Strong light irritates          | 18 - 1 2 3 Neuralgia-like pains   |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced            | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring     | 20 - 1 2 3 Sour stomach frequent  |
| 7 - 1 2 3 Cuts heal slowly        | 14 - 1 2 3 "Nervous" stomach               |                                   |

**GROUP TWO**

- |   |  |  |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising                    | 29 - 1 2 3 Digestion rapid                       | 37 - 1 2 3 "Slow starter"                          |
| 22 - 1 2 3 Muscle-leg-toe cramps at night                   | 30 - 1 2 3 Vomiting frequent                     | 38 - 1 2 3 Get "chilled" infrequently              |
| 23 - 1 2 3 "Butterfly" stomach, cramps                      | 31 - 1 2 3 Hoarseness frequent                   | 39 - 1 2 3 Perspire easily                         |
| 24 - 1 2 3 Eyes or nose watery                              | 32 - 1 2 3 Breathing irregular                   | 40 - 1 2 3 Circulation poor,<br>sensitive to cold  |
| 25 - 1 2 3 Eyes blink often                                 | 33 - 1 2 3 Pulse slow; feels "irregular"         | 41 - 1 2 3 Subject to colds,<br>asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy                           | 34 - 1 2 3 Gagging reflex slow                   |  |
| 27 - 1 2 3 Indigestion soon after meals                     | 35 - 1 2 3 Difficulty swallowing                 |  |
| 28 - 1 2 3 Always seem hungry;<br>feels "lightheaded" often | 36 - 1 2 3 Constipation,<br>diarrhea alternating |  |

**GROUP THREE**

- |   |  |   |
|---|--|---|
| 42 - 1 2 3 Eat when nervous               | 49 - 1 2 3 Heart palpitates if meals<br>missed or delayed              | 53 - 1 2 3 Crave candy or coffee<br>in afternoons         |
| 43 - 1 2 3 Excessive appetite             | 50 - 1 2 3 Afternoon headaches   | 54 - 1 2 3 Moods of depression -<br>"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals           | 51 - 1 2 3 Overeating sweets upsets                                    | 55 - 1 2 3 Abnormal craving for<br>sweets or snacks       |
| 45 - 1 2 3 Irritable before meals         | 52 - 1 2 3 Awaken after few hours sleep<br>- hard to get back to sleep |   |
| 46 - 1 2 3 Get "shaky" if hungry          |  |   |
| 47 - 1 2 3 Fatigue, eating relieves       |  |   |
| 48 - 1 2 3 "Lightheaded" if meals delayed |  |   |

**GROUP FOUR**

- |   |   |  |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep<br>easily, numbness | 63 - 1 2 3 Get "drowsy" often   | 68 - 1 2 3 Bruise easily, "black<br>and blue" spots  |
| 57 - 1 2 3 Sigh frequently, "air<br>hunger"               | 64 - 1 2 3 Swollen ankles<br>worse at night                                       | 69 - 1 2 3 Tendency to anemia  |
| 58 - 1 2 3 Aware of "breathing<br>heavily"                | 65 - 1 2 3 Muscle cramps, worse<br>during exercise; get<br>"charley horses"       | 70 - 1 2 3 "Nose bleeds" frequent  |
| 59 - 1 2 3 High altitude discomfort                       | 66 - 1 2 3 Shortness of breath<br>on exertion                                     | 71 - 1 2 3 Noises in head, or<br>"ringing in ears"   |
| 60 - 1 2 3 Opens windows in<br>closed room                | 67 - 1 2 3 Dull pain in chest or<br>radiating into left arm,<br>worse on exertion | 72 - 1 2 3 Tension under the<br>breastbone, or feeling<br>of "tightness",<br>worse on exertion |
| 61 - 1 2 3 Susceptible to colds<br>and fevers             |   |  |
| 62 - 1 2 3 Afternoon "yawner"                             |   |  |

**GROUP FIVE**

- |   |  |   |
|---|--|---|
| <b>73</b> - 1 2 3 Dizziness                                   | <b>83</b> - 1 2 3 Feeling queasy; headache over eyes           | <b>91</b> - 1 2 3 Sneezing attacks                    |
| <b>74</b> - 1 2 3 Dry skin                                    | <b>84</b> - 1 2 3 Greasy foods upset                           | <b>92</b> - 1 2 3 Dreaming, nightmare type bad dreams |
| <b>75</b> - 1 2 3 Burning feet                                | <b>85</b> - 1 2 3 Stools light-colored                         | <b>93</b> - 1 2 3 Bad breath (halitosis)              |
| <b>76</b> - 1 2 3 Blurred vision                              | <b>86</b> - 1 2 3 Skin peels on foot soles                     | <b>94</b> - 1 2 3 Milk products cause distress        |
| <b>77</b> - 1 2 3 Itching skin and feet                       | <b>87</b> - 1 2 3 Pain between shoulder blades                 | <b>95</b> - 1 2 3 Sensitive to hot weather            |
| <b>78</b> - 1 2 3 Excessive falling hair                      | <b>88</b> - 1 2 3 Use laxatives                                | <b>96</b> - 1 2 3 Burning or itching anus             |
| <b>79</b> - 1 2 3 Frequent skin rashes                        | <b>89</b> - 1 2 3 Stools alternate from soft to watery         | <b>97</b> - 1 2 3 Crave sweets                        |
| <b>80</b> - 1 2 3 Bitter, metallic taste in mouth in mornings | <b>90</b> - 1 2 3 History of gallbladder attacks or gallstones |   |
| <b>81</b> - 1 2 3 Bowel movements painful or difficult        |  |   |
| <b>82</b> - 1 2 3 Worrier, feels insecure                     |  |   |

**GROUP SIX**

- |  |  |  |
|--|--|--|
| <b>98</b> - 1 2 3 Loss of taste for meat                       | <b>101</b> - 1 2 3 Coated tongue   | <b>104</b> - 1 2 3 Mucous colitis or "irritable bowel" |
| <b>99</b> - 1 2 3 Lower bowel gas several hours after eating   | <b>102</b> - 1 2 3 Pass large amounts of foul-smelling gas                       | <b>105</b> - 1 2 3 Gas shortly after eating            |
| <b>100</b> - 1 2 3 Burning stomach sensations, eating relieves | <b>103</b> - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours | <b>106</b> - 1 2 3 Stomach "bloating" after eating     |

**GROUP SEVEN**

- |   |   |   |
|---|---|---|
| (A)   |   | (E)   |
| <b>107</b> - 1 2 3 Insomnia                                   |   | <b>150</b> - 1 2 3 Dizziness                            |
| <b>108</b> - 1 2 3 Nervousness                                |   | <b>151</b> - 1 2 3 Headaches                            |
| <b>109</b> - 1 2 3 Can't gain weight                          |   | <b>152</b> - 1 2 3 Hot flashes                          |
| <b>110</b> - 1 2 3 Intolerance to heat                        | (C)   | <b>153</b> - 1 2 3 Increased blood pressure             |
| <b>111</b> - 1 2 3 Highly emotional                           | <b>137</b> - 1 2 3 Failing memory                           | <b>154</b> - 1 2 3 Hair growth on face or body (female) |
| <b>112</b> - 1 2 3 Flush easily                               | <b>138</b> - 1 2 3 Low blood pressure                       | <b>155</b> - 1 2 3 Sugar in urine (not diabetes)        |
| <b>113</b> - 1 2 3 Night sweats                               | <b>139</b> - 1 2 3 Increased sex drive                      | <b>156</b> - 1 2 3 Masculine tendencies (female)        |
| <b>114</b> - 1 2 3 Thin, moist skin                           | <b>140</b> - 1 2 3 Headaches, "splitting or rendering" type |   |
| <b>115</b> - 1 2 3 Inward trembling                           | <b>141</b> - 1 2 3 Decreased sugar tolerance                | (F)   |
| <b>116</b> - 1 2 3 Heart palpitates                           |   | <b>157</b> - 1 2 3 Weakness, dizziness                  |
| <b>117</b> - 1 2 3 Increased appetite without weight gain     | (D)   | <b>158</b> - 1 2 3 Chronic fatigue                      |
| <b>118</b> - 1 2 3 Pulse fast at rest                         | <b>142</b> - 1 2 3 Abnormal thirst                          | <b>159</b> - 1 2 3 Low blood pressure                   |
| <b>119</b> - 1 2 3 Eyelids and face twitch                    | <b>143</b> - 1 2 3 Bloating of abdomen                      | <b>160</b> - 1 2 3 Nails, weak, ridged                  |
| <b>120</b> - 1 2 3 Irritable and restless                     | <b>144</b> - 1 2 3 Weight gain around hips or waist         | <b>161</b> - 1 2 3 Tendency to hives                    |
| <b>121</b> - 1 2 3 Can't work under pressure                  | <b>145</b> - 1 2 3 Sex drive reduced or lacking             | <b>162</b> - 1 2 3 Arthritic tendencies                 |
|   | <b>146</b> - 1 2 3 Tendency to ulcers, colitis              | <b>163</b> - 1 2 3 Perspiration increase                |
| (B)   | <b>147</b> - 1 2 3 Increased sugar tolerance                | <b>164</b> - 1 2 3 Bowel disorders                      |
| <b>122</b> - 1 2 3 Increase in weight                         | <b>148</b> - 1 2 3 Women: menstrual disorders               | <b>165</b> - 1 2 3 Poor circulation                     |
| <b>123</b> - 1 2 3 Decrease in appetite                       | <b>149</b> - 1 2 3 Young girls: lack of menstrual function  | <b>166</b> - 1 2 3 Swollen ankles                       |
| <b>124</b> - 1 2 3 Fatigue easily                             |   | <b>167</b> - 1 2 3 Crave salt                           |
| <b>125</b> - 1 2 3 Ringing in ears                            |   | <b>168</b> - 1 2 3 Brown spots or bronzing of skin      |
| <b>126</b> - 1 2 3 Sleepy during day                          |   | <b>169</b> - 1 2 3 Allergies - tendency to asthma       |
| <b>127</b> - 1 2 3 Sensitive to cold                          |   | <b>170</b> - 1 2 3 Weakness after colds, influenza      |
| <b>128</b> - 1 2 3 Dry or scaly skin                          |   | <b>171</b> - 1 2 3 Exhaustion - muscular and nervous    |
| <b>129</b> - 1 2 3 Constipation                               |   | <b>172</b> - 1 2 3 Respiratory disorders                |
| <b>130</b> - 1 2 3 Mental sluggishness                        |   |   |
| <b>131</b> - 1 2 3 Hair coarse, falls out                     |   |   |
| <b>132</b> - 1 2 3 Headaches upon arising wear off during day |   |   |
| <b>133</b> - 1 2 3 Slow pulse, below 65                       |   |   |
| <b>134</b> - 1 2 3 Frequency of urination                     |   |   |
| <b>135</b> - 1 2 3 Impaired hearing                           |   |   |
| <b>136</b> - 1 2 3 Reduced initiative                         |   |   |

**GROUP EIGHT**

- 173 - 1 2 3 Apprehension
- 174 - 1 2 3 Irritability
- 175 - 1 2 3 Morbid fears
- 176 - 1 2 3 Never seems to get well
- 177 - 1 2 3 Forgetfulness
- 178 - 1 2 3 Indigestion
- 179 - 1 2 3 Poor appetite
- 180 - 1 2 3 Craving for sweets
- 181 - 1 2 3 Muscular soreness
- 182 - 1 2 3 Depression; feelings of dread
- 183 - 1 2 3 Noise sensitivity
- 184 - 1 2 3 Acoustic hallucinations
- 185 - 1 2 3 Tendency to cry without reason
- 186 - 1 2 3 Hair is coarse and/or thinning
- 187 - 1 2 3 Weakness
- 188 - 1 2 3 Fatigue
- 189 - 1 2 3 Skin sensitive to touch
- 190 - 1 2 3 Tendency toward hives
- 191 - 1 2 3 Nervousness
- 192 - 1 2 3 Headache
- 193 - 1 2 3 Insomnia
- 194 - 1 2 3 Anxiety
- 195 - 1 2 3 Anorexia
- 196 - 1 2 3 Inability to concentrate; confusion
- 197 - 1 2 3 Frequent stuffy nose; sinus infections
- 198 - 1 2 3 Allergy to some foods
- 199 - 1 2 3 Loose joints

**FEMALE ONLY**

- 200 - 1 2 3 Very easily fatigued
- 201 - 1 2 3 Premenstrual tension
- 202 - 1 2 3 Painful menses
- 203 - 1 2 3 Depressed feelings before menstruation
- 204 - 1 2 3 Menstruation excessive and prolonged
- 205 - 1 2 3 Painful breasts
- 206 - 1 2 3 Menstruate too frequently
- 207 - 1 2 3 Vaginal discharge
- 208 - 1 2 3 Hysterectomy/ovaries removed
- 209 - 1 2 3 Menopausal hot flashes
- 210 - 1 2 3 Menses scanty or missed
- 211 - 1 2 3 Acne, worse at menses
- 212 - 1 2 3 Depression of long standing

**MALE ONLY**

- 213 - 1 2 3 Prostate trouble
- 214 - 1 2 3 Urination difficult or dribbling
- 215 - 1 2 3 Night urination frequent
- 216 - 1 2 3 Depression
- 217 - 1 2 3 Pain on inside of legs or heels
- 218 - 1 2 3 Feeling of incomplete bowel evacuation
- 219 - 1 2 3 Lack of energy
- 220 - 1 2 3 Migrating aches and pains
- 221 - 1 2 3 Tire too easily
- 222 - 1 2 3 Avoids activity
- 223 - 1 2 3 Leg nervousness at night
- 224 - 1 2 3 Diminished sex drive

**IMPORTANT**

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_