

# Case Evaluation Form

This form is intended for the client to complete as part of the follow-up interview after each major cycle of flower essence use. It should be completed in the client's own handwriting unless disabled or otherwise unable to do so.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Time period essences used: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Which essences did you use? \_\_\_\_\_

How were the essences administered? \_\_\_ orally \_\_\_ topically other: \_\_\_\_\_  
Briefly describe the frequency and consistency of use: \_\_\_\_\_

Please list other therapies engaged in during the time of taking the essences: \_\_\_\_\_

Please discuss significant life experiences during this time period: \_\_\_\_\_

Please mark one or more categories regarding your results using flower essences:

- |  |   |
|--|---|
| <input type="checkbox"/> resolution of negative or painful emotions      | <input type="checkbox"/> resolution of a life crisis                                |
| <input type="checkbox"/> improvement in relationships with others        | <input type="checkbox"/> assisting long-term inner growth and change                |
| <input type="checkbox"/> greater clarity about life work and direction   | <input type="checkbox"/> marked increase in dreams or related psychic phenomena     |
| <input type="checkbox"/> improvement of self-image and personal identity | <input type="checkbox"/> subtle general improvement, but hard to capture            |
| <input type="checkbox"/> enhanced creativity and self-expression         | <input type="checkbox"/> not sure about change due to multi-level factors           |
| <input type="checkbox"/> positive lifestyle changes                      | <input type="checkbox"/> there has been no noticeable improvement or change to date |
| <input type="checkbox"/> reduction in general anxiety or stress          |   |
| <input type="checkbox"/> greater spiritual awareness                     |   |
| <input type="checkbox"/> reduction in acute physical symptoms            |   |
| <input type="checkbox"/> generally feeling more positive and resilient   |   |

Please provide further details on the areas you have marked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(continued on other side)*

Describe your experience of taking the flower essences. Did you notice any direct effects, or the results in retrospect? \_\_\_\_\_

---

---

---

---

---

---

---

---

Do you think the flower essences stirred up any new issues in your life? \_\_\_\_\_

---

---

---

---

---

---

---

---

Discuss any inner experiences, such as dreams or insights you had while taking the essences: \_\_\_\_\_

---

---

---

---

---

---

---

---

Have others noted differences in your emotions or behavior? Please comment: \_\_\_\_\_

---

---

---

---

---

---

---

---

Are you continuing to take the flower essences at this time? \_\_\_\_\_

---

---

---

All information on this form is strictly confidential, unless a signed release form has been received.



**Flower Essence Society Research Program**

P.O. Box 459, Nevada City, CA 95959 USA  
Tel: 800-736-9222 or 530-265-9163 Fax: 530-265-0584 [www.flowersociety.org](http://www.flowersociety.org)