**What are common ailments that you experience? (Circle all that apply)**

Urinary Musculoskeletal Digestive Respiratory Nervous System Reproductive System

Cardiovascular Skin Immune Endocrine (Hormones & Thyroid) Nutrition/Diet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | AILMENT | ACUTE OR CHRONIC | ENERGY OF AILMENT (HOT/COLD, DRY/DAMP) | PART OF MEDICINE SHIELD | PLANT ENERGY & TASTES | PLANT THERAPEUTIC ACTION |
| PLANT #1: |  |  |  |  |  |  |
| PLANT # 2: |  |  |  |  |  |  |

**Use Resource Books to fill out the following table:**

**Plant 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treating/Supporting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parts Used?**

**What time of year to harvest? Where? Ethical?**

**Possible preparations:**

**Dosage:**

**Warnings/Contraindications:**

**Observations:**

**Plant 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treating/Supporting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parts Used?**

**What time of year to harvest? Where? Ethical?**

**Possible preparations:**

**Dosage:**

**Warnings/Contraindications:**

**Observations:**