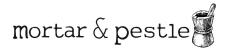


Please complete this form to the best of your ability. If you feel you do not want to disclose certain medical information, that is your choice, but it can affect our work together. Please feel free to attach additional information or use the back of these forms to list any other issues you wish us to discuss.

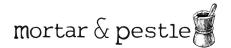
All information is kept confidential and private. Please sign the attached waiver and privacy statement.

Name:
Address:
Primary Phone: () Check: Home Cell
May I leave a message at this number? <i>Circle</i> : Yes No
Email:
Gender: Male Female
Age:
Married Single Divorced Widow(er) Partnership
Briefly describe the current status/state of your relationship:
Children? Yes No Number of children: Ages:
Are you currently breastfeeding or pregnant? Yes No
What is the main reason for your visit today?
W/h at any years are not and many made to improve years health?
What are your current primary goals to improve your health?



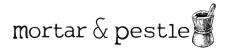
## Personal Medical History

Height:	Weight:	Major weight fluctuations in the past year?	Yes	No
Childhood Illnes	ss/Trauma/Hospita	alizations:		
Current Medical	Diagnoses/Illness	es:		
Miscarriages?	Yes No	Year(s):		
		edical):		
		unter/Supplements/Herbs:		



## Please check (to the best of your ability) all/any of your current or long term symptoms or complaints:

Nervous System:	Endocrine System:	Female Reproductive System:
Insomnia	Significant weight changes (loss or gain)	N/A
Worries/Stress	Sweating	Breast tenderness
Headaches	Tremors	Cramps
Migraines	Adrenal issues diagnosis	PMS
Dizziness	Thyroid issues diagnosis	Menopause
Fainting	Heart palpitations	Yeast infection
Pins and Needles	Tiredness	Venereal Disease
Anxiety	Sleep pattern disruptions	Birth Control
	Moodiness/Crankiness	Significant blood clots
		Irregular cycle
Muscular/Skeleton System:	Skin/Hair:	Male Reproductive System:
Joint Pain	Acne	N/A
Osteoarthritis	Dandruff	Prostate issues
Rheumatoid Arthritis	Rosacea	Venereal Disease
Gout	Oily skin	Erectile Disfunction
Edema	Dry/cracked skin	Incontinence
Weakness	Hair loss	
Broken bones	Unusual hair growth	
Poor balance	Rashes	

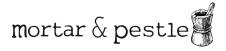


## Please check (to the best of your ability) all/any of your current or long term symptoms or complaints:

Respiratory System:	Digestive System:	Urinary System:
Cough	Gas	Irregular flow
Coughing mucus/blood	Bloating	Unusual urine color
Bronchitis	Heart burn	Difficulty in flow
Pneumonia	Food Cravings	Kidney stones
Asthma	Hemorrhoids	Urgency of urination
Painful breathing	Vomiting	Difficulty in stopping flow
Seasonal allergies	Bad breath	Urinary tract infection
Sinus congestion	Diarrhea	
Lung disease	Hard stools	
	Constipation	

## Personal Emotional History

lease describe any past emotional trauma (death in the family, major life changes, etc.) that may be ffecting your health today:



Waiver of Liability	
I	understand I have the constitutional
right to pursue various health practices and consult whom I wish to	o achieve my goals for better health.
I also understand that I am working with a consultant who makes a I do this on my own free will. I understand no diagnosis or prescrip Kelly Keyser-Millar is an Herbalist and Aromatherapist and that shunderstand that only a medical doctor can diagnose and prescribe only suggestions and I must take responsibility for further education body's heath issues and receiving proper medical care. I also underspointment and only a Medical Doctor can provide that type of care.	ption will be given. I understand that he is not a medical doctor. I also treatment. The suggestions given are ang and making myself aware of my erstand that this is not a medical
Kelly Keyser-Millar accepts no responsibility for my actions upon otherwise for the outcome of aromatherapy or herbal remedies reconsultant, Kelly Keyser-Millar. I also understand that Kelly Keys the effects of said advice.	commended by the above mentioned
Signature	Date

Mortar & Pestle Herbal, LLC Kelly Keyser-Millar

 $www.mortar and pest leher bal.com\\mortar and pest leher bal@gmail.com$ 

This and all additional information provided is for educational purposes only.

The FDA has not evaluated these claims.

All products and suggestions are not intended to diagnose, cure, treat or prevent any disease.

Office Use only: Herbal/Aromatherapy Suggestions:
nerbai/ Aromatherapy Suggestions: