

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? *Circle:* 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? _____

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 Illness/Trauma/Hospitalizations: _____

Current Medical Diagnoses/Illnesses: _____

Surgeries: _____

Miscarriages? Yes No Year(s): _____

Allergies (Food/Environmental/Medical): _____

Current Medications/Over the Counter/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 Dysfunction
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

Do you have any current emotional issues that are affecting your health you would like to discuss?

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

Waiver of Liability

I _____ understand I have the constitutional right to pursue various health practices and consult whom I wish to achieve my goals for better health.

I also understand that I am working with a consultant who makes no claims of being a health practitioner, I do this on my own free will. I understand no diagnosis or prescription will be given. I understand that Kelly Keyser-Millar is an Herbalist and Aromatherapist and that she is not a medical doctor. I also understand that only a medical doctor can diagnose and prescribe treatment. The suggestions given are only suggestions and I must take responsibility for further educating and making myself aware of my body's health issues and receiving proper medical care. I also understand that this is not a medical appointment and only a Medical Doctor can provide that type of care.

Kelly Keyser-Millar accepts no responsibility for my actions upon leaving her office, financial or otherwise for the outcome of aromatherapy or herbal remedies recommended by the above mentioned consultant, Kelly Keyser-Millar. I also understand that Kelly Keyser-Millar accepts no responsibility for the effects of said advice.

Signature

Date

Mortar & Pestle Herbal, LLC
Kelly Keyser-Millar

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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: