

**Harmony Thyme Wellness LLC
Dr. Prince Phd Naturopathy
Certified Christian Counselor**

Health Questionnaire/Consultation

Print name: _____

Age _____ DOB _____

Cell or Alternate phone _____

Address _____

Email _____

What issues do you want to resolve?

What is your medical diagnosis? _____

Any body parts surgically removed? _____

Did you get the COVID shot(s)? _____

CURRENT CHALLENGES (Please Circle)

Abnormal Cells / Cancer

Acne

Anxiety / Panic Attacks

Asthma / Bronchial

Autoimmune Condition

Back Pain

Bladder Issues

Blood Sugar

Bone Loss

Bowel Issues

Breast Pain/ Lump

Breathing/Lung Issues

Chest Pain

Circulation Issues

Constipation/Diarrhea

Depression

Digestion/Bloating

Emotional Issues

Environmental Allergies

Epilepsy

Fatigue

Frequent Colds

Hair Loss

Headaches/Migraines

Heart Issues

HeartBurn

High Blood Pressure

Infertility

Joint Pain

Kidney Issues

Libido Issues

Liver Issues

Medications

Memory

Menopause

Mood Swings

Nerve Pain/ Numbness

Not Sleeping Well

Obesity

Pain

PMS

Pregnant

Prostate Issues

Restless Legs

Seasonal Allergies

Sinus

Skin Issues

Teeth Problems

Thyroid Issues

Tired/No Energy

Trauma/Emotional Pain

Urinary Urgencies

Vertigo/Dizziness

Water Retention

#Per Week

--	--	--	--	--	--	--

Alcohol Bowels Move Eat Fish Exercise Sweeteners Fast Food Cigarettes

Diet is mostly: Meat, Vegetables, Fruits _____

Carbs/Grains/Sweets & Junk Food _____

Do you usually get flu shots or vaccinations? _____

Known allergies? _____ Root canals? _____ Mercury
silver-colored amalgams? _____ Seeing other health professionals? _____

I understand that no doctor-patient relationship exists, but only a contract member-to-member Association relationship. I understand that no prescription or medication, or medical advice should be altered without consulting with my medical doctor. I agree to indemnify and hold harmless the Member Consultant and Harmony Thyme Wellness LLC and Professional Wellness Alliance Membership from any and all claims and damages of every kind to myself or any person or property arising out of or attributed to the services provided.

Name _____ Date: _____

Are you pregnant? _____ Breastfeeding? _____ Do you have an electronic device in/on your body? _____ Are you experiencing pain? _____

Car accidents or another type? _____

_____ When? _____

Do your health issues run in your family? _____

Do you feel like you need emotional or inner healing? _____

Medications

Medication	Reason for Taking it	How Long
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Supplements

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Emotional Issues:

Anxiety___ Depression___ Worry___ Fear___ Anger___ Apathy___ Empty___
Grieving a Loss __ Who? _____ Despair___ Disappointment___
Sorrow___ Frustration___ Impatience___ Apprehension___
Powerlessness___ Terror___ Panic Attacks___ Resentment___
Remorse___ Regret___ Lethargy___ Listlessness___ Boredom___
Moodiness___ Mood Swings___ Inadequacy___ Unworthiness___ Lacking
Confidence___ Suicidal___
Mental Fatigue___ Irritable___

Mental Issues:

Difficulty in Concentrating___ Constant Irritability___ Lack of Interest in Life___
Feeling Unable to Cope___ Dreading the Future___
Fear of Being Alone___

Stress:

How Would You Rate Your Stress Level? Low Medium High
Lack of Appetite___ Unnatural Craving___ Constant Tiredness___ Frequent
Crying or Wish to Cry___ Nail Biting___ Nervous Twitches___ Inability to Sit Still___
Self Care Activities:

Fragrance Preference: -_Floral __ Earthy __ Fresh __ Citrus __ Fruity __ Spicy___ Musky __
Woody __ Powdery __ Smokey __ Herby __ Balsamic___

CONSULTATION SESSION GOALS:

Short Term Client Goals _____ Aromatherapy
Consultation/Treatment _____ Personal _____

EO Blends for the following:

____ Aid Healing of surgery incisions, injuries, wounds/bruises ____ Reduce Inflammation
____ Ease Pain ____ Minimize Scar formation ____ Support Endocrine /Hormonal balance /
function ____ Support Kidney health / function ____ Fatigue ____ Insomnia
Mental / Emotional Issues _____ Reduce Anxiety / Stress _____
Ease Depression / Grief ____
Aid Focus / Mental Clarity ____ Prayer /Meditation

Long Term Goals

Recommendations:

Herbal:

EO:

ATBS:

Sound Therapy:

Nutrition:

Lifestyle Foundations:

Christian Counseling: