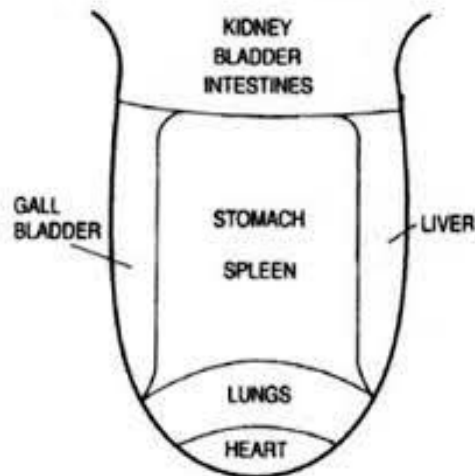




**Sheila M. Devitt, Herbalist**

**15-Minute Consultation and Tongue Assessment  
Please fill out this first page.**

Today's Date
Name
Date of Birth (MM/DD/YYYY)
Phone Number
Email
Emergency Contact Person: Name, Phone Number, Relationship
How did you hear about us?
What is the Primary reason for your visit today?
Secondary reason?
Allergies to any medications or other substances?





**Sheila M. Devitt, Herbalist**

**15-Minute Consultation and Tongue Assessment  
Client Take-Home Information**

**This second page will be completed at your visit.**

Name
Date
Primary Reason for Visit
Recommendations:
Internal
Topical
Practical
Schedule Appointment

**Thank You**