Discovery Call

Millar Functional Medicine

Office Use Only:
_____ Scheduling Fee $30
☐applied to intake ☐refunded
by _____ Date_____

Date _____/_____/_____ ☐ Male ☐ Female Date of Birth _____/_____/_____

Your Name (Last, First, MI) _____, _____, _____

Address _____

City _____ State _____ Zip _____

Cell Phone ( ) _____-_____ Home Phone ( ) _____-_____

My Private E-mail address _____

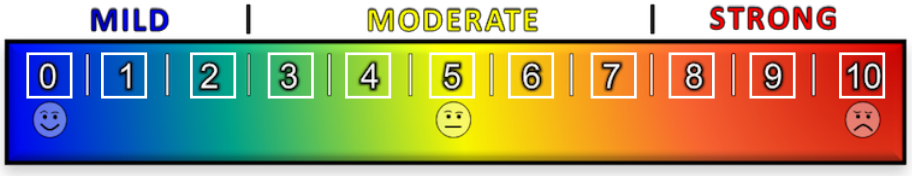
Primary problem _____ Onset _____ Severity ☐Mild ☐Moderate ☐Severe

Second problem _____ Onset _____ Severity ☐Mild ☐Moderate ☐Severe

How did you hear about Millar Functional Medicine? _____ What is your occupation? _____

Have you visited our website? ☐Yes ☐No | I have a primary care physician: ☐Yes ☐No

Use the 0-10 chart to estimate your overall Symptom Burden Score
Please Check a Number



Other problems I have or I think I have: (check all that apply)

☐ Acid Reflux/GERD	☐ Chronic Fatigue	☐ Heart Issues/CAD	☐ PAD
☐ Adrenal Problems	☐ Chronic Illness	☐ Hormone Issues	☐ Parkinson's
☐ ADD/ADHD	☐ Chronic Pain	☐ IBS/IBS-C/IBS-D	☐ Skin Issues
☐ Allergies	☐ Circulation Issues	☐ Kidney Issues	☐ Sleep Issues
☐ Alzheimer's/Dementia	☐ Diabetes | Pre-Diabetes	☐ Liver Issues	☐ Stroke Issues
☐ Anxiety | Depression	☐ Edema	☐ Long COVID	☐ Tic Borne Diseases
☐ Arthritis	☐ Female Issues	☐ Lung Issues	☐ Thyroid Problems
☐ Auto Immune Diseases	☐ Fibromyalgia/FMS	☐ Male Issues	☐ Toxic Issues
☐ Bacterial Infection	☐ Gallbladder Issues	☐ Migraines	☐ Weight Issues
☐ Brain Issues/Memory	☐ Gut/Stomach Issues	☐ Multiple Sclerosis	☐ Viral Infection
☐ Cancer	☐ Headaches	☐ Neuropathy	☐ Other _____

I describe my symptoms as: _____

My primary problem has been treated in the past with _____

_____

by Dr Name: _____City_____State _____.

I want the following therapies: 1) _____ 2) _____ 3) _____ 4)☐Not Sure

You are receiving a free Discovery phone call hereafter "Discovery Consultation". I understand that this Discovery Consultation is at (No Charge) to me and all other services are at regular fees. The Discovery Consultation is not a new patient examination or treatment and only a phone call with the Doctor. I give my informed consent to have the Discovery Consultation, history, basic workup and whatever test may be ordered as a result of the Discovery Consultation. Results Vary Patient to Patient. The Discovery Consultation does NOT establish a patient Doctor relationship and to become a patient of Millar Functional Medicine and establish a doctor patient relationship, you must complete, in full, all intake forms to the satisfaction of MFM and be accepted as a patient by the doctor.

Do Not Write On This Side: For Office Use Only

Doctor: _____ Date: _____ Intake package: ☐Yes ☐No

_____

_____

_____

_____

_____

1. What made you decide to reach out to us out at this time? _____
2. What is _____ (problem) preventing you from doing? _____
3. What is the number one thing you need or want?_____
4. What's your biggest fear?_____
5. What all have you tried in the past? _____
6. After trying all that what did you hate the most?_____

Imagine where you will be if you don't treat or fix your _____ problem?_____

Working Problem list:

1) _____ 2) _____

3) _____ 4) _____

Test Needed:

1) _____ 2) _____

3) _____ 4) _____

Therapies Wanted:

1) _____ 2) _____

3) _____ 4) _____

Comments:

_____

_____

How did they hear about us? ☐Internet Search ☐FB Ad ☐Google Ad ☐Referral

☐FreeDiscoveryTelephoneConsult #1 ☐FreeDiscoveryTelephoneConsult #2