

# Dr. Donna's 'Herbal School' Training Classes

# Registration Form - Module 1

Fill out and fax to Dr. Donna at 916-649-8323 (call first) or mail to MDM, Inc. P.O. Box 307, Carmichael, CA 95609

Questions? Call Dr. Donna at 916-649-8323.

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Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

What interests you most about the herb training classes?

Have you ever studied herbs formally?

How much have you read about herbs on your own? Where do you get your information about herbs?

What are your health goals?

## Payment Information

Select the best class time for you: \_\_\_\_\_ 1-3 pm \_\_\_\_\_ 6-8 pm

Module 1 classes have been scheduled for Monday, Aug. 11, Tuesday, Aug. 12, Monday, Aug. 18 and Friday, Aug. 22. Will you be able to make all classes? \_\_\_\_\_

## Payment method:

- Credit card, full amount plus materials fees
- Credit card, full amount. Pay materials fees at classes.
- Credit card, two payments.
- Check
- Cash

## Credit card Payment Info

Name on credit card \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City/State/Zip \_\_\_\_\_

Master Card Visa # \_\_\_\_\_ Exp \_\_\_\_\_ CVV Code \_\_\_\_\_

Your authorized signature : \_\_\_\_\_ Date \_\_\_\_\_

Payments will show up on your statement billed to Million Dollar Memory, Inc.

# Dr. Donna's 'Herbal School' Training Classes

# Health History Form

Fill out and fax to Dr. Donna at 916-649-8323 (call first) or mail to MDM, Inc. P.O. Box 307, Carmichael, CA 95609

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Name \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

During herbal training, you will be given sample herbs. Depending on your health condition, the herbs may or may not be contraindicated for you. The more complete health history you give here, the better we can work together to prevent any health issues from arising.

1. List any and all health problems that you have been diagnosed with, which are still a major issue. (If you need more room, use another sheet of paper.) Don't forget to include diabetes, cancer, allergies, neurological disorders, immune system problems, heart disease, arthritis, and even menopause.

2. List all prescription medications you are currently taking, the reason why, and the dosage.

<u>Drug</u>	<u>Used For?</u>	<u>Dosage</u>
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3. Anything else I need to know about your health? (Use back of paper to describe)

Disclaimer. I \_\_\_\_\_ (name) understand that I will be taught basic herbal principles and that there is always a small risk that my body will react negatively such as in an allergy reaction or possibly in a drug-herb interaction whether I follow instructions or not. I will proceed wisely and cautiously, especially if I am currently under medical care. I release all liability of Dr. Donna Schwontkowski, MDM, Inc. and Canna Care and understand that I proceed at my own risk. I also will consult with my M.D. before using the herbs.

Signature \_\_\_\_\_ Date \_\_\_\_\_