

Dr. Linda Kingsbury  
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CLIENT INTAKE FORM

Name \_\_\_\_\_ date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ email \_\_\_\_\_

Phone # daytime evening \_\_\_\_\_

Birthdate \_\_\_\_\_ Place \_\_\_\_\_

Work/Occupation/Student \_\_\_\_\_

How long at current position \_\_\_\_\_ Do you like it? \_\_\_\_\_

Last medical exam Physician \_\_\_\_\_

Current/recent medications \_\_\_\_\_

Past/present medications taken for more than 1 year \_\_\_\_\_

Current nutritional supplements/herbs \_\_\_\_\_

Are there any healers or therapies you are currently involved in? \_\_\_\_\_

Are you receiving support from a mental health counselor? \_\_\_\_\_

Have you seen one in the past? Was it helpful? \_\_\_\_\_

FOCUS

Are you currently experiencing health challenges? \_\_\_\_\_

How are the following areas of your life are affected? \_\_\_\_\_

Physical body \_\_\_\_\_

Mental thought patterns \_\_\_\_\_

Emotions/feelings \_\_\_\_\_

Spiritual Fulfillment \_\_\_\_\_

Social life \_\_\_\_\_

In your sessions would you like me to focus on: \_\_\_\_\_

Herbs & nutritional support? \_\_\_\_\_

Prevention & Well Living Skills? \_\_\_\_\_

MEDICAL HISTORY

Height \_\_\_\_\_ Weight \_\_\_\_\_ Are you happy with your body? \_\_\_\_\_

Allergies \_\_\_\_\_

Operations \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Women: PMS/Menopausal symptoms \_\_\_\_\_

Other \_\_\_\_\_

Men: Prostate/reproductive problems \_\_\_\_\_

Other \_\_\_\_\_

Health of your parents \_\_\_\_\_

Health of your partner/spouse \_\_\_\_\_

Do you have any children? \_\_\_\_\_ Ages \_\_\_\_\_ Do they live with you? \_\_\_\_\_

Health of your Children \_\_\_\_\_

LIFESTYLE

How do you feel about the foods you eat? \_\_\_\_\_

Do you have any food or other cravings? \_\_\_\_\_

Addictive behaviors? past \_\_\_\_\_

Present \_\_\_\_\_

Current use and frequency of:

caffeine \_\_\_\_\_ nicotine \_\_\_\_\_ alcohol \_\_\_\_\_ marijuana/THC \_\_\_\_\_

What type of exercises do you do? \_\_\_\_\_

Do you sleep well? \_\_\_\_\_

Where does the stress in your life come from? \_\_\_\_\_

What do you do for fun/hobbies/recreation? \_\_\_\_\_

Religious affiliation \_\_\_\_\_

Spiritual Practices \_\_\_\_\_

Favorite Season \_\_\_\_\_

Pets \_\_\_\_\_

Is there anything else that would be helpful for me to know as I guide you to build your health naturally? \_\_\_\_\_