Dr. Linda Kingsbury
Herbalist & Holistic Medicine Practitioner
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CLIENT HEALTH HISTORY

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

LIIFESTYLE
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?

DAILY NUTRITIONAL INTAKE FOR _____

To give me an idea of your usual food intake and patterns. please fill out the form below for 3-5 days prior to your appointment. Use as many pages as it takes.

Time of Day *(exp. 8am, morning,)*	Please list all Medications – Vitamin Supplements – Foods Snacks - Beverage Intake and approximate amount if you know.	How you are feeling emotionally at the time of ingestion. *(exp: hungry, tired, angry, happy, numb)*