### KRISTINE BROWN PRACTICING COMMUNITY HERBALIST

# LUNA HERB COMPANY ·HERBAL CONSULTATIONS, THERAPY & REMEDIES. HAND MADE WITH GRATITUDE IN HONOR OF MOTHER EARTH'S HEALING HERBS

SPECIALLY BLENDED BY LUNA FARM LLC 8801 STATE ROUTE 162, TROY, ILLINOIS 62294

HERBALIST@LUNAHERBCO.COM

#### **Herbal Intake Form**

Name:			
Address:			
Telephone: (w)		(h)	
Best time(s) to call:			
Email:		Preferred for	rm of contact:
Occupation:			Gender (m/f):
Age: Height: _	Weight:	lbs Birth date:	
Who do you share your	home with:		
Number of children:	Age(s):		
Please list all physicia	ns and other healthc	are providers or consulta	ants (such as
Acupuncturist, massag	e therapist, etc) you	ı see on a regular basis:	
Name	Location		Type of Service
Would you like me to co	ontact them regardin	g your health plan with m	ne?

#### **Family Medical History:**

Please describe any relevant or major health-related issues:

Father:			
Mother:			
Maternal Grandmother:			
Maternal Grandfather:			
Paternal Grandmother:			
Paternal Grandfather:			
Other family members with pertinent issues, or recurring family health trends:			
PRESENT HEALTH STATUS  Do you currently smoke tobacco (y/n)? If so, how many cigarettes/day?			
If not, have you ever been a smoker in the past (y/n)?			
For how many years did you smoke?When did you quit?			
Do you currently drink alcohol (y/n)? If so, list type, quantity, and frequency:			
Did you consume alcohol in the past (y/n)? When did you quit alcohol?			
If so list type, quantity and frequency:			
List form and frequency of any regular exercise:			
How is your digestive system overall, do you experience indigestion, gas, constipation, diarrhea			
bloating or other?			
How often do you have a bowel movement?			
How often do you urinate and what is the character of your urine, i.e., light, dark, strong odor?			
Present Health Status			

Check each column where symptoms apply and elaborate in space provided below if necessary. Please indicate with a  $\sqrt{}$  any experiences below that you sometimes experience; two checks  $\sqrt{}$  for those which occur often; and use three checks  $\sqrt{}$  for those which are a major concern.

High Blood Pressure Low Blood Pressure Pain in Heart Poor Circulation/cold extremities Swelling in Ankles/joint Previous heart stroke/murmur High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Pailing vision Hay Fever Sinus Infection Sinus Congestion Sinus Congestion  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Cough Arthritis/Bursitis  Tuberculosis Congestion  Eyes, Ears, Nose, and Throat Asthma Ear Aches Collitis Eye Pains, Dry/Wet Pailing vision Abdominal Pain Liver Problems Sinus Infection Sinus Congestion Ulcers Sore Throat Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Excessive Urination Burning Urine Wake up tired Kidney Stones Lower Back Pain Dark circles under eyes Lower Back Pain Do you know what causes them?	<u>Cardiovascular</u>	<u>Skin</u>
Pain in Heart Poor Circulation/cold extremities Swelling in Ankles/joint Previous heart stroke/murmur High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Infection Sinus Congestion Sinus Congestion  Hearing Loss/Ringing Ears Hearing Loss/Ringing Ears  Waking in the night Nite sweats Lower Back Pain Dark circles under eyes Livel Problems Making in the night Miscellaneous Livel Problems Making in the night Make up tired Miscellaneous Usually feel Hot/Warm Livally feel Cold/Cool  Waka re they like?  What are they like?		Boils
Poor Circulation/cold extremities Swelling in Ankles/joint Previous heart stroke/murmur High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Infection Sinus Congestion  For throat Tonsils Hearing Loss/Ringing Ears More Pains Wake up tired Kidney Stones Lower Back Pain Dark circles under eyes Emotional Insecurity  Power Power Power Miscellaneous Miscellaneous Miscellaneous Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	Low Blood Pressure	Bruises
Swelling in Ankles/joint Previous heart stroke/murmur High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Congestion  Sinus Congestion  Sore Throat Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Excessive Urination Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Emotional Insecurity  Muscles/Joints Respiratory Chest Pain Skin eruptions  Respiratory Chest Pain Skin eruptions  Respiratory Chest Pain	Pain in Heart	Dryness
Previous heart stroke/murmur High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Infection Sore Throat Jonsils Hearing Loss/Ringing Ears Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Liver Potolems Make up tired Wake up tired Do you have headaches? How often? What are they like?  Mosclash Pain Difficulty breathing Chest Pain Abdominal Difficulty breathing Cough Athritis/Breathing Cough Chest Pain Difficulty breathing Chest Pain Difficulty breathing Chest Pain Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Cold/Cool Do you have headaches? Mhoscllaneous What are they like?	Poor Circulation/cold extremities	Itching
High Cholesterol  Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Infection Sinus Congestion  Eyers Throat Jonsils Hearing Loss/Ringing Ears  Urinary/Kidney Excessive Urination Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Lives Pinst Miscellaneous Liver Indiversed Miscellaneous Do you have headaches? How often? What are they like?	Swelling in Ankles/joint	Varicose Veins
Muscles/Joints Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Congestion  Sinus Congestion  Abdominal Pain Hay Fever Sinus Congestion  Sore Throat Tonsils Hearing Loss/Ringing Ears Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Enotional Insecurity Mother Miscellaneous Do you have headaches?  Mobility Presthing Cough	Previous heart stroke/murmur	Skin eruptions
Backache/upper or lower Broken Bones Mobility Restriction Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Congestion  Sinus Congestion  Eyers Sore Throat Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Excessive Urination Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Ithey Ever Liver Problems Sinus Congestion Ulcers Insomnia Urinary/Kidney Waking in the night Nite sweats Wake up tired Miscellaneous Liver Problems Sinus Congestion Ulcers Sore Throat Indigestion Insomnia Urinary/Kidney Waking in the night Nite sweats Water Retention Burning Urine Wake up tired Miscellaneous Usually feel Hot/Warm Emotional Insecurity What are they like?  What are they like?	High Cholesterol	
Broken Bones	· · · · · · · · · · · · · · · · · · ·	·
Mobility Restriction Arthritis/Bursitis  Cough Arthritis/Bursitis  Eyes, Ears, Nose, and Throat Asthma Ear Aches Eye Pains, Dry/Wet Eye Pains, Dry/Wet Billing vision Hay Fever Sinus Infection Sinus Congestion  Sore Throat Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Ithey Evel Burning Insecurity  Most are they like?  Mongestion  Cough Tuberculosis Congestion Belching Belching Gastro-Intestinal Belching Constinal Belching Belching Belching  Gastro-Intestinal Belching Belching Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Gastro-Intestinal Belching  Felching  Wakage  Tuber Problems  Gall Stones  Indigestion  Ulcers  Sleeping Patterns  Insomnia  Waking in the night Nite sweats  Waking in the night Nite sweats  Wake up tired  Miscellaneous  Itchy Ears/eyes  Usually feel Hot/Warm  Emotional Insecurity  Myhat are they like?  What are they like?		
Arthritis/Bursitis	<del></del>	Difficulty breathing
Eyes, Ears, Nose, and Throat  Asthma  Ear Aches  Eye Pains, Dry/Wet  Failing vision  Hay Fever  Sinus Infection  Sore Throat  Tonsils  Hearing Loss/Ringing Ears  Water Retention  Water Retention  Burning Urine  Kidney Stones  Lower Back Pain  Dark circles under eyes  Indigestion  Constipation  Abdominal Pain  Liver Problems  Gall Stones  Ulcers  Jindigestion  Sleeping Patterns  Insomnia  Waking in the night  Nite sweats  Restless sleep  Wake up tired  Midney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Insomnia  Wiscellaneous  Usually feel Hot/Warm  Usually feel Cold/Cool  What are they like?		
Eyes, Ears, Nose, and Throat  Asthma  Belching  Ear Aches  Colitis  Eye Pains, Dry/Wet  Failing vision  Hay Fever  Sinus Infection  Sinus Congestion  Jonsils  Hearing Loss/Ringing Ears  Waker Retention  Burning Urine  Kidney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Eres Aches  Colitis  Belching  Abdominal Pain  Liver Problems  Gall Stones  Ulcers  Judigestion  Judigestion  Sleeping Patterns  Insomnia  Waking in the night  Nite sweats  Restless sleep  Wake up tired  Wake up tired  Difficulty falling back to sleep  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Jusually feel Hot/Warm  Emotional Insecurity  What are they like?	Arthritis/Bursitis	Tuberculosis
Asthma Ear Aches Eye Pains, Dry/Wet Abdominal Pain Hay Fever Sinus Infection Sinus Congestion Jonsils Hearing Loss/Ringing Ears Water Retention Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Ithey Emotional Insecurity Do you have headaches? How often? Woldening Constitation Constitation Abdominal Pain Abdomes Abd		Congestion
Ear Aches Colitis  Eye Pains, Dry/Wet Constipation  Failing vision Abdominal Pain  Hay Fever Liver Problems  Sinus Infection Gall Stones  Ulcers  Sore Throat Indigestion  Hearing Loss/Ringing Ears  Water Retention Make up tired  Kidney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Emotional Insecurity  Constipation  Abdominal Pain  Liver Problems  Gall Stones  Ulcers  Seleping Patterns  Insomnia  Waking in the night  Nite sweats  Restless sleep  Wake up tired  Difficulty falling back to sleep  Usually feel Hot/Warm  Usually feel Cold/Cool  What are they like?	Eyes, Ears, Nose, and Throat	Gastro-Intestinal
Eye Pains, Dry/Wet Failing vision Hay Fever Sinus Infection Sinus Congestion Jonsils Hearing Loss/Ringing Ears Water Retention Burning Urine Kidney Stones Burning Urine Kidney Stones Burning Urine Lower Back Pain Dark circles under eyes Itchy Ears/eyes Itchy Ears/eyes Emotional Insecurity  Constipation Abdominal Pain Abdominal Pain Liver Problems Gall Stones Ulcers Sall Stones Sleeping Patterns Insomnia Waken Waking in the night Restless sleep Wake up tired Wake up tired Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	Asthma	Belching
Failing vision  Hay Fever  Sinus Infection  Sinus Congestion  Jorial Jorial Jorial  Waking in the night  Excessive Urination  Burning Urine  Kidney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Itchy Ears/eyes  Joyou have headaches?  How often?  Abdominal Pain  Liver Problems  Edline Stones  Ulcers  Liver Problems  Liver Problems  Edline Stones  Ulcers  Liver Problems  Ulcers  Liver Problems  Ulcers  Liver Problems  Liver Problems  Edline Stones  Ulcers  Liver Problems  Ulcers  Liver Patient  Liver Problems  Ulcers  Liver Patient  Liver Patient  Ulcers  Liver Patient  Liver Patient	Ear Aches	
Hay Fever Sinus Infection Sinus Congestion Ulcers Sore Throat Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Excessive Urination Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Itiver Problems Gall Stones Ulcers Indigestion  Sleeping Patterns Insomnia Waking in the night Nite sweats Restless sleep Wake up tired Wake up tired Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	, , , ,	
Sinus Congestion Sore Throat Indigestion  Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Steeping Patterns Insomnia Urinary/Kidney Waking in the night Excessive Urination Nite sweats Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Itchy Ears/eyes Emotional Insecurity  Ulcers Indigestion  Jidgestion  Wakeup atterns Waking in the night Nite sweats Nite sweats Pastless sleep Wake up tired Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Hot/Warm What are they like?	Failing vision	
Sinus Congestion Sore Throat Indigestion  Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Steeping Patterns Insomnia Urinary/Kidney Waking in the night Excessive Urination Nite sweats Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Itchy Ears/eyes Emotional Insecurity  Ulcers Indigestion  Jidgestion  Wakeup atterns Waking in the night Nite sweats Nite sweats Pastless sleep Wake up tired Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Hot/Warm What are they like?	Hay Fever	Liver Problems
Sinus Congestion Sore Throat Indigestion  Tonsils Hearing Loss/Ringing Ears  Urinary/Kidney Steeping Patterns Insomnia Urinary/Kidney Waking in the night Excessive Urination Nite sweats Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Itchy Ears/eyes Emotional Insecurity  Ulcers Indigestion  Jidgestion  Wakeup atterns Waking in the night Nite sweats Nite sweats Pastless sleep Wake up tired Difficulty falling back to sleep Usually feel Hot/Warm Usually feel Hot/Warm What are they like?	Sinus Infection	Gall Stones
Tonsils Hearing Loss/Ringing Ears  Hearing Loss/Ringing Ears  Jinsomnia  Waking in the night Excessive Urination Nite sweats Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Emotional Insecurity  Miscellaneous Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	Sinus Congestion	Ulcers
Hearing Loss/Ringing Ears  Urinary/Kidney Linary/Kidney Li	Sore Throat	Indigestion
Urinary/Kidney	Tonsils	
Urinary/Kidney       Waking in the night        Excessive Urination       Nite sweats        Burning Urine       Restless sleep        Burning Urine       Wake up tired        Kidney Stones       Difficulty falling back to sleep        Lower Back Pain       Miscellaneous        Dark circles under eyes       Usually feel Hot/Warm        Itchy Ears/eyes       Usually feel Cold/Cool         Do you have headaches?       How often?       What are they like?	Hearing Loss/Ringing Ears	Sleeping Patterns
Excessive Urination  Water Retention  Burning Urine  Kidney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Emotional Insecurity  Miscellaneous  Usually feel Hot/Warm  Usually feel Cold/Cool  What are they like?		Insomnia
Water Retention Burning Urine Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Emotional Insecurity  Miscellaneous Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	<u>Urinary/Kidney</u>	Waking in the night
Burning Urine  Kidney Stones  Lower Back Pain  Dark circles under eyes  Itchy Ears/eyes  Emotional Insecurity  Miscellaneous  Usually feel Hot/Warm  Usually feel Cold/Cool  What are they like?	Excessive Urination	
Kidney Stones Lower Back Pain Dark circles under eyes Itchy Ears/eyes Emotional Insecurity  Difficulty falling back to sleep Miscellaneous Usually feel Hot/Warm Usually feel Cold/Cool  What are they like?	Water Retention	Restless sleep
Lower Back Pain Dark circles under eyes Itchy Ears/eyes Emotional Insecurity  Do you have headaches? How often? What are they like?	Burning Urine	Wake up tired
Dark circles under eyesUsually feel Hot/WarmUsually feel Cold/CoolUsually feel Cold/Cool		Difficulty falling back to sleep
Itchy Ears/eyesUsually feel Hot/WarmEmotional InsecurityUsually feel Cold/Cool  Do you have headaches?How often?What are they like?	Lower Back Pain	
Emotional InsecurityUsually feel Cold/Cool  Do you have headaches?How often?What are they like?	Dark circles under eyes	<u>Miscellaneous</u>
Do you have headaches?How often?What are they like?	Itchy Ears/eyes	Usually feel Hot/Warm
	Emotional Insecurity	Usually feel Cold/Cool
Do you know what causes them?	Do you have headaches?How often?	What are they like?
Do you know what causes them?		
	Do you know what causes them?	

#### **Common Physical Activities**

Desk Sitting (how lone Sitting in a car (how lone Calisthenics		Standing (how long?)Jogging/RunningAerobics	
Swimming Walking		Weight Lifting Yoga	
vvaiking Tai Chi		noga Hiking	
Bike Riding		Horseback Riding	
Tennis		BendingLifting	
Other			
Do any of the conditions	above aggravate a current	health condition?	
Have you had any opera	tions?What year?		
Any major injuries/accid	ents? What and when?	?	
Any major illness or hos	pitalizations?What and	when?	
<b>DIETARY INFORMAT</b> Please check each item W=weekly, M=monthly,	listed below if it is included	in your daily - or usual - diet (mark D=daily,	
Red Meat	Butter	Candy bars/chocolate	
Fish	Milk	Coffee	
Poultry	Cheese	Black Tea	
Fruits	Yogurt	Herbal Tea	
Vegetables	Sugar	Alcohol	
Raw Foods	Honey	Vitamins	
Grains	Baked Goods	Protein Supplements	
Nuts	Deserts	Food Supplements	
Seeds	Chips	Processed foods/snacks	
Fermented Foods	Crackers		

#### **Dietary Information**

Describe below your typical meals. Please be as specific as possible. For example, Instead of "oil" list type of oil, such as olive, corn, etc. Instead of "bread" list whether white or whole grain, etc. Instead of "vegetables" list type of vegetable, how prepared, canned, frozen, or fresh,

etc. Please include beverages, type and quantity (two cups of coffee, one glass of orange juice, etc.)

What's a good day of eating like?  Breakfast:
A.M. snack(s):
Lunch:
P.M. snack(s):
Dinner:
Evening snack(s):
Daily water consumption (# glasses/quantity/day):
What's a bad day of eating like (meals on the run, etc):
Breakfast:
A.M. snack(s):
Lunch:
P.M. snack(s):
Dinner:

Evening snack(s)	:				
Daily water cons	umption (# glasses/quantity/day):				
How many times	How many times a week do you have a good dayBad dayof eating?				
Please list any kr	nown food allergies/sensitivities (attach	additional sheets if ne	eded):		
Food	Describe Reaction				
, ,	s good for you, what would you want to	,	,		
	ad herb tea?				
	of Emotions and Feelings ment to answer the following question	s:			
Are you able to e	Are you able to express your feelings and emotions?				
Is there an exces	ss of stress in your life?				
What is causing	the stress?				
Are you satisfied	with your job?				
If in a relationshi	p, are you satisfied with it?				
If there is one thing in your life you would like to change right now, what is it?					
	it?				
Are you a "nervo	us type" person?				
What are the thin	ngs that make you most nervous?				
Have you a "supe	er woman/superman" complex?				
Do you sleep we	ll?How long each night?				
Do you nap? How long and often?					

Do you dream? Do you remember your dreams?
Are you satisfied with your general energy level?
Do you often feel exhausted and fatigued?
Is it easy to wake up in the morning?
Which of these feelings dominate in your life:
joy happiness anger sadness fear sympathy worry depression
If you were to choose two Emotions, which seem predominant in your life they would
beand
Please indicate approximate dates and describe the nature of any traumatic experiences you
have had in the past 7 years (divorce, loss of lover, loss of job, change of residents, injury,
death, etc.)
Year Event
Name one thing in life that you do that is really good for you:
Name one thing you know you should be doing but don't:
Name one alling you know you should be doing but don't.
What are your passions and interests?
This are year passions and mearester.

What do you d	o for fun?					
List all herbs, whenever poss	s and Medication vitamins, and diet sible (please bring paper if needed	tary supplem		ottles w		ng brand name or your appointment):
antacids, etc.),	tions you are curi , indicating wheth additional paper	ner they are		-		<b>for</b> (including aspirin, rescription (P):
Name of Produ			C or P?		Dosage	Frequency (#/day)
Do you use an	y other drugs? Ci	rcle any that	apply:			
marijuana	mushrooms	ecstasy	cocaine	LSD	heroin	other:
Have you used	l any drugs in the	e past? Circle	any that a	pply:		
marijuana	mushrooms	ecstasy	cocaine	LSD	heroin	other:
List all medicat	tions, herbs, etc.,	to which yo	u have a kr	nown all	lergy:	
What are the a	areas of current c	omplaint tha	at vou woul	d like to	address	with an herbal program
THICK GIC GIC C	cas or carrent c		ic you would	a inte to	addi C55	mar an nerbar program

## Luna Herb Company STATEMENT OF UNDERSTANDING

The human body has the innate power to heal itself. Without this power to self-heal, even the most advanced medications and surgical procedures would ultimately fail. The role of the herbalist in this healing process is to consider the client as a whole person and to consult with the client concerning changes in lifestyle, diet, and supplementation of herbs and/or vitamins to foster an increased state of balance and health, thus maximizing the body's self-healing capabilities.

I practice nutrition related assessment, diagnosis, and therapeutic methods based on the healing system. This scope of practice includes dietary assessment, dietary changes, physical diagnosis related to nutrition (including pulse, palpation, tongue, and observation), interpretation of laboratory values relating to nutrition, dietary counseling, reviewing medical records, recommending diet therapies, recommending nutritional supplements when indicated, and identifying proper treatment strategies.

My approach is to combine numerous alternative healing methods together with the latest scientific findings and clinical practices. Nutrition and herbs are my primary specialty and represent my area of expertise. The degree of incorporation of these systems will vary from case to case. The basic principle is to help the body's natural capacity to restore balance, health, and harmony. Assessments are focused on identifying patterns and imbalances. Depending on the patient's wishes, recommendations may incorporate nutrition, herbs, supplements, counseling, exercises and lifestyle. Recommendations may be use to instill physical, emotional, mental, and/or spiritual balance.

I am NOT a Medical Doctor nor do I practice western medical assessment, diagnosis, or treatment. I do not claim to cure disease. Nor do I give advice about pharmaceuticals and medications at any time. I have no objections to my clients being seen or evaluated by their own medical doctor. If you have any questions or concerns about your condition, I highly recommend you discuss it with your physician. I am willing to work as part of a health care team including physicians and other health care providers. If you would like me to work with your physician, please inform you physician also of this wish. I also recommend you inquire and explore any recommendations I provide with any professionals in health care.

Further, I have a herbal/nutritional apothecary in the clinic. I sell many herbal products and some food products for a profit. I dispense them here as a convenience and to ensure patients are receiving the specific, individualized herbal formula they need. I use mostly regional herbs that can be grown and/or wildcrafted in my area. Most of the herbal formulas I personally harvest in the wild or from my gardens and make into preparations by hand. I also use them to create customized herbal formulas to fit the exact profile for what I feel clients need. Clients are not obligated to buy any products here. I encourage clients to buy any supplements wherever it is most convenient for them. The recommended nutritional/herbal supplements are not a replacement for the medications prescribed by your Medical Doctor.

Kristine Brown, Practicing Community Herbalist Luna Herb Company

Please sign below once you have read and understood the above statement:

Name (print)	Date:		
Signature			
Due to HIPPA privacy regulations, you anyone.	ur information will be held confidential and not shared with		
If you are interested in receiving mailings about lectures, workshops, etc., please provide your mailing address, email, and phone number. Please fill out all areas that we may contact you.			
Mailing Address (with Zip):			
Phone Number:	Email:		
Referral Source:			