

Natural Herbal Therapy
Lucinda Robinson, Herbalist
815 A Wynnshire Drive
Hickory, NC 28601
1-828-358-0609

In order to help me help you, please print out this page and supply the information on the front of this page and the added sheet, and return to the address above.

Name: _____

Age: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Fax: _____

Phone: _____

1. List all the prescription drugs you are presently taking and the reason you are taking them.
2. List all the over-the-counter drugs you use on a regular basis and the reason you use them.
3. List all the nutritional supplements you use and the reason you use them.

