

### **Office Policies**

- Initial assessment for Homeopathy takes up to 2 hrs - fees are \$210 for adults and \$145 for children under 10.
- Follow up assessments take 30 minutes – fees are \$85 for adults and \$60 for children under 10
- All charges must be paid at the time of service either by cash or check.
- Cancellation of appointments can be accepted as late as 24hrs prior to the scheduled visit.
- In emergency situations please use common sense. If the condition is life threatening or it becomes severe, please take one of the following precautions:
  - 1) Contact your local family practice physician
  - 2) Contact your local hospital emergency roomPlease follow the medical advice you are given by these people. Homeopathic medicines do not interfere with standard medical treatment.
- Please review the guidelines listed under Homeopathic Treatment thoroughly, as these will answer the majority of questions you might have.

### **Frequently Asked Questions and General Guidelines and Information for Homeopathic Treatment**

1. Homeopathy stimulates and initiates the process of healing. Homeopathic treatment, when applied in a classical way, raises your level of health on all levels – mental, emotional, and physical. A trained professional homeopath helps you achieve the maximum benefit from the treatment. To ensure the progress in the right direction, regular follow up evaluations are very essential in the homeopathic treatment.
2. A homeopathic remedy is not a magic pill formula that eliminates all issues overnight. The dosage, frequency and application of given remedies requires close monitoring. Sometimes dynamic changes are very subtle requiring close evaluation and patience. As each treatment is individually selected, patient responses are equally individual.
3. In case of accidents, trauma leading to massive bleeding or fractures, the patient should be taken to emergency services. Standard emergency procedures or treatments are acceptable and compatible with homeopathic treatment.
4. For acute illness, your homeopath should be contacted as soon as possible. If the patient fails to respond to any homeopathic remedy in a short period or if the symptom worsens gradually, or new symptoms develop, discontinue the treatment and seek the advice of your homeopath. Homeopathic treatment does not cause side effects and is known to be effective in boosting immunity against acute illnesses.
5. Patients beginning homeopathic treatment should not suddenly discontinue prescription medicines. Contrary to popular belief, homeopathic treatment can be done with conventional medicine until a reasonable level of health is restored and potentially, a gradual withdrawal from conventional medicine can occur. The physician who prescribed the conventional medicines must monitor any changes in the prescription medicine. Diseases like diabetes or high blood pressure require close monitoring and continual prescription medicines for a longer period of time even with homeopathic treatment. Occasional use of aspirins or pain-killers does not antidote the homeopathic remedy.
6. All other treatments except those noted above should be avoided during homeopathic treatment, including other homeopathic preparations, as proliferation of treatments will create confusion and could be detrimental to the patient.
7. Slight aggravation of some of the symptoms followed by long amelioration of all the complaints is a common phenomenon after a homeopathic remedy. Should the intensity of such a condition become severe notify your homeopath immediately.
8. Appearance of old skin eruptions during the course of homeopathic treatment is a positive sign, as the cure takes place from within and manifests itself outwards. Skin eruptions will also clear up during the treatment. External applications such as medicated creams and ointments for skin conditions should be avoided. Non-medicated oils or cold creams for dry skin in moderation should be applied instead.
9. Homeopathic remedies retain their therapeutic effectiveness indefinitely when stored in a glass bottle, in a cool dry place out of direct sunlight and strong odors. Homeopathic remedies are known to have no side effects and are non-toxic.

10. Coffee, menthol and camphor products are believed to antidote some homeopathic remedies, they should be avoided during homeopathic treatment. However, occasional and accidental uses of these products are not known to be harmful to homeopathic treatment.
11. Any dental work including cleaning has been known to antidote the effect of the homeopathic remedy producing a relapse. Your homeopath should be consulted in these cases, as the dose may need to be repeated.
12. Homeopathic remedy should be taken after thoroughly rinsing and cleaning your mouth. Allow the remedy to dissolve under the tongue. Any food or drink should be avoided fifteen minutes before and after taking the homeopathic remedy.

For any other questions, please contact your homeopath.

**PATIENT INFORMATION**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Sex:** M / F \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Number of children:** \_\_\_\_\_

**Personal Information** (Circle Yes or No):

**Smoker:** Y / N

**Coffee/Tea:** Y / N

**Alcoholic:** Y / N

**Addiction:** \_\_\_\_\_

**Vegetarian:** Y / N

**Pregnant:** Y / N

**Any reaction or particular problems after immunization?**

\_\_\_\_\_

**Person to be contacted in case of Emergency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Purpose of Visit** (Briefly describe the primary complaints and any ailments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Treatment History:** List any medicines that you are currently taking

Prescription/non-prescription drugs: \_\_\_\_\_

Homeopathic remedies: \_\_\_\_\_

Vitamins/Mineral Supplements/Herbs: \_\_\_\_\_

**Surgical History:** \_\_\_\_\_

**Family History:** (List any history of Anemia, tuberculosis, asthma, insanity, diabetes, heart diseases, high or low blood pressure, cancer, kidney disorders, auto-immune diseases, skin disorders, sexually transmitted diseases, etc)

Relationship	Health	Relationship	Health
Father:		Mother:	
Paternal Grandfather		Maternal Grandfather	
Paternal Grandmother		Maternal Grandmother	
Brothers/Sisters:		Brothers/Sisters	
Sons		Daughters	

**Life History:**

Summarize the things that affected your mental, physical and spiritual health during your childhood, adolescent years, middle age and old age. Name all the major illnesses you have suffered (eg: Mumps, Measles, Cholera, Jaundice etc.)

**Example:** Born, January 1st, 1978, 10 lbs in Hospital, first of two children, no birth defects. Had measles at age 10, fractured hand at age 14, held back from school because of frequent change of cities? Unhappiness and sorrow over loss of friend. Lost weight, wore glasses, did well in school until junior high, unusual desires, hyperactivity, fears, and habits etc.

Phase	History - Summary
Childhood	
Adolescent	
Adult	
Senior	

**Main Complaints and other associated problems, with the onset and pertinent dates:**

Please record the factors that affect you the most, especially for major complaints. Ex. asthma symptoms worse in a warm room but subside or become better when walking etc.

**Mind:**

In order to get a better understanding of the individual, certain questions will need to be answered. Please respond in confidence as honestly and openly as possible.

Are you anxious? About which matters?

What are you most sensitive to (eg: noise, odors, light)?

What are your fears? (eg: animals, people, darkness, noise, the future, crowd etc)

Describe any recurrent dreams or recurrent themes in your dreams: (eg: animals, wars, danger, business, money, God, etc)

How is your energy?

Any unwanted thoughts at any time?

Do you have any imaginary sensations?

Have you ever felt suicidal?

How would you describe your memory?

How is your mood generally?

What were the happiest / joyous moments in your life?

What were the unhappiest moments or periods of grief?

How would you describe yourself?

**Appetite and thirst:**

How is your appetite?

How much thirst do you have?

What kinds of food do you like?

What kinds of food do you dislike?

What kinds of food disagree with you?

**Stool:**

Do you have any problem regarding your stool?

Do you belch or pass gas?

**Urine and Urination:**

Is there any problem concerning urination?

Is there any strong smell?

**Perspiration:**

Where and on what parts of your body do you perspire the most?

How much do you perspire and is there any strong odor?

**Sexual sphere:**

How is your sexual interest? (Increased or decreased)

Is there any excessive indulgence in the past?

**Chest and heart:**

Do you catch cold often?

Is there any trouble in your chest or heart?

**Male:**

Any problem regarding erections or sex?

**Female:**

**Menstruation:** Regular or irregular?

Duration:

Quantity:

Frequency:

Associated complaints: (before, during or after)

Is there any white discharge? Describe it.

What symptoms did you suffer during menopause?

Do you have any problem with your breast?

**Head:**

Any complaints with headache, vertigo etc?

**Eyes, Ears, Nose, & throat:**

**Limbs:**

**Skin, Nails and Hair:**

**Sleep:**

**Do you generally feel Hot or Cold?**