

Confidential CONSENT FORM FOR HOMEOPATHIC ASSESSMENT and TREATMENT

Patient Information: Name: _____ Age: _____ Sex: M / F

Address: _____ City: _____ Postal Code: _____

Phone :(H): _____ Cell: _____ E mail: _____

Date of Birth: _____ Marital Status: _____ Children: _____

Homeopathy is a holistic medicine that treats the whole person, working to stimulate and help the body to heal itself.

All recommendations made by the homeopathic practitioner are based on the principles of homeopathy and not replacements to any medical regimens or treatments prescribed by one's medical doctor or licensed care provider. The course of action one takes with his or her health care is solely the responsibility of the client.

All relationships had with homeopathic practitioner, medical doctor, licensed care provider, or any other practitioner includes the extent to which the client communicates with his or her medical doctor or licensed care giver about the homeopathic treatment. It is recommended that the client communicates openly with all of his or her medical doctor or licensed care giver.

Homeopathic treatment consists of homeopathic consultation and prescription of homeopathic remedy with required dosage, mode of taking it and diet/regimen required with it. During the medicines course of action, detoxification process of body can take place producing symptoms like fever, diarrhoea, vomiting, perspiration, etc. When they do happen, immediately report to the homeopathic practitioner and follow the advice given at that time.

At no time can the homeopathic practitioner guarantee the outcome of the homeopathic treatment. One must be aware that the outcome and duration of homeopathic treatment vary by individual and cannot be guaranteed. We do not claim to cure each and every case, nor do we guarantee any magic cure.

I, the undersigned, do hereby acknowledge that I have been informed of and understand the assessment and recommended treatment described above and have discussed to my satisfaction this and any requests for related information with the Homeopath named above.

I have been given the opportunity to ask questions about the assessment and recommended treatment and have received answers to such questions.

I further acknowledge and confirm that i have been informed about what is homeopathy and basic principles of homeopathy, the nature of homeopathic treatment, acute and chronic illnesses, prognosis, treatment expectations, nature and safety of medicine and fee schedule and all the information i provide is confidential and who will have access to it. The possibility of follow-up visits was also discussed.

I understand that I can withdraw my consent at any time.

As a result, I do hereby voluntarily provide my informed consent for the recommended treatment specified above.

I acknowledge I have discussed, or have had the opportunity to discuss, with my homeopath the nature and purpose of homeopathic treatment in general and my treatment in particular as well as the contents of this Consent.

I consent to the homeopathic treatments offered or recommended to me by my homeopath. I intend this consent to apply to all my present and future homeopathic treatments.

I consent to audio or video recording of my case history which may only be used for educational purposes.

Dated this _____ day of _____, 201__.

Patient Signature (Legal Guardian)

Witness Signature

Name: _____
(Please print)

Name: _____
(Please print)