

New Client Registration Form

Today's Date _____

Name _____ Birthdate _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Phone Numbers _____ (primary)

Email Address _____

Name/phone of primary care physician _____

Would you like progress reports of you homeopathic consultations sent to your physician Y N

Conditions for which you are seeking assistance (please be specific):

Medications you are currently taking (Include prescription, over the counter, recreational and herbs and supplements please):

Have you used homeopathy before? If so, who was your practitioner? Remedies taken? Results?

Please provide a brief health history. Note all major illnesses, hospitalizations, surgeries, skin conditions, major life or health events which were turning points in your life and your age at the time these events occurred.

Family health history. Note illnesses or health problems in all blood-related family members, along with cause of death for those who have passed away. Include Grandparents, parents, siblings, and children.

Please note any questions or concerns you would like to discuss as we begin.