



NEW PATIENT INTAKE FORM

The information collected on this Form and the Medical History Form is used for the following purposes; to contact you, for billing, and to assist your homeopathic practitioner in recommending a remedy. Your practitioner is subject to the B.C. Personal Information Protection Act and the Code of Ethics of the B.C. Association of Homeopaths. If you have any questions or concerns about the information collected on this form, please ask your practitioner. If you are uncomfortable in answering any of the questions on the Medical History Form, please indicate "declined" on the Form. However, please understand that this may affect your practitioner's ability to recommend the most useful remedy for your situation.

Name: _____ Date: _____

Address: _____

City _____ Province _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____ Age: _____

Occupation: _____ Hours per week: _____

Domestic Status: _____ Number of children: _____ Are you pregnant? _____

Emergency Contact: _____ Phone: _____

Referred to this office by: _____

Family Doctor: _____ Phone: _____

List Current Health Concern(s): _____

Have you seen an M.D. for your current problem(s)? Yes No

If yes, please list the doctor(s) and the results obtained: _____

Have you seen or do you see any other alternative practitioners for your current or past condition? Yes No If yes, please list the practitioner(s) and the results obtained:

Have you taken homeopathic remedies before? _____