

Homeopathic Pain Relief- PRT Therapy

PATIENT INTAKE FORM

Scheduled Appointment Time: _____

Patient's Name: _____ Patient's Age: _____

Birthdate: _____ Marital Status: S M D W SEP # of Children: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email: _____

How did you hear about me? _____

Present MD and Phone # _____

Information about PRT:

Pattern Reflection Technique has been systematically developed over 20 years of application and clinical use by Dr Joseph Kellerstein, Homeopathic Doctor, Naturopathic Doctor, and Doctor of Chiropractic. PRT uniquely locates where the system needs healing and very gently and effectively stimulates this healing using patterns unique to the individual.

The Pattern Reflection Technique works with the body's natural electrical system to retrain impulse signals to the brain, which have been firing in unnatural cycles – cycles contrary to the body's regular impulses. These misdirected signals present as temporary or chronic pain and to provide relief the repetitive signal must be broken – this is the effect of the microcurrent stimulus, it breaks this cycle. We can develop these repetitive signal paths that cause pain when we experience a physical injury, overuse of a joint or muscle, or live with a degenerative illness. Each tissue type in your body has its own signature electrical frequency, which may be disrupted by injury or disease. Microcurrent therapy simply restores normal frequencies within the cells, resulting in remarkable improvements in pain, inflammation and functional mobility.

At the cellular level, microcurrent therapy stimulates a dramatic increase in ATP, the energy that fuels all biochemical functions in the body. It also bumps up protein synthesis, which is necessary for tissue repair. The ensuing enhancement in blood flow and decrease in inflammation translates into reductions in pain and muscle spasms, as well as increased range of motion.

Description of the Accu-O-matic:

The Accu-O-Matic is an effective, non-invasive microcurrent stimulator. Microcurrent acts similarly to the body's own impulses, thus helping the body to heal itself. Some common uses include: acute and chronic pain, swelling, repetitive use injuries, TMJ dysfunctions, post-op care, sports injuries, car accident injuries, whiplash, headaches, tendon and ligament pain, Fibromyalgia, Neuropathy, Sciatica, and arthritis. Safe to use with children, during pregnancy and in the elderly.

MAJOR COMPLAINTS IN ORDER OF IMPORTANCE FOR YOU

<u>COMPLAINT</u>	<u>SINCE</u>	<u>CAUSES</u>

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING?

<u>MEDICATION</u>	<u>SINCE</u>	<u>ADVERSE EFFECTS</u>

WHAT OTHER TREATMENTS OR REGIMES ARE YOU CURRENTLY FOLLOWING?

<u>TREATMENT OR REGIME</u>	<u>SINCE</u>	<u>RESULTS</u>

WHICH OF THE FOLLOWING CONDITIONS HAVE YOU HAD?

Please circle

Arthritis Arrhythmia Cancer Cardiovascular disease Concussion Diabetes Gout High Blood Pressure Migraines Multiple Sclerosis Neuromuscular disorder Parkinson's Stroke Whiplash

ANY OTHER MAJOR CONDITIONS? _____

ARE THERE ANY OF THE PRECEDING CONDITIONS AFTER WHICH YOU HAD NOT BEEN TOTALLY WELL AGAIN, OR, WHICH HAVE BEEN MORE SEVERE THAN USUAL? WHICH ONES? _____

WHAT OPERATIONS HAVE YOU HAD?

<u>OPERATION</u>	<u>WHEN</u>	<u>COMPLICATIONS</u>

WHAT MAJOR INJURIES HAVE YOU HAD?

<u>INJURY</u>	<u>WHEN</u>	<u>LONG TERM EFFECTS</u>

HAVE YOU LOST ANY WEIGHT LATELY? HOW MUCH? _____

WHAT EXERCISE DO YOU DO AND HOW MUCH? _____

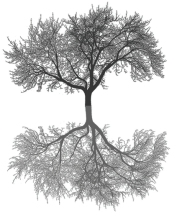
ARE YOU CURRENTLY UNDER THE CARE OF ANOTHER PHYSICIAN(S)?

PHYSICIAN	FOR WHAT CONDITIONS	TREATMENTS

HAVE YOU BEEN TREATED WITH HOMEOPATHY BEFORE? _____

Do you have a pacemaker? _____

Please describe what your goals are for choosing PRT pain therapy.



HOMEOPATHIC HEALING

Sarah Trask, BKin, DSHomMed Hons, RCSHom

WAIVER OF LIABILITY FOR HOMEOPATHIC TREATMENT

I, _____, the undersigned, understand that Sarah Trask is not a medical doctor, but is a registered Classical Homeopathic Doctor. As such, I acknowledge that it is my right and responsibility at any time through my treatment with Sarah Trask, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate homeopathic treatment at any time. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose another method of treatment, homeopathy, which addresses my health in its entirety. This includes sharing any pertinent information and co-operating with Sarah Trask in case taking, as well as tracking symptoms as needed through treatment. As homeopathy is not covered by the existing government medical plan, I agree to pay all fees presented in the current rate schedule. I acknowledge that all personal information will be kept confidential.

Fee Schedule:

Adult Initial \$220.00 + HST (includes remedy)

Child Initial (13yrs and under) \$130.00 + HST (includes remedy)

Student /Senior Initial (age 14+ attending school, includes university, and over 70 yrs of age) \$200.00 + HST (includes remedy)

Adult Follow-up Consult \$100 + HST

Child Follow-up Consult \$75 + HST

Student/Senior follow up Consult \$90 +HST

Acute Consultation (by phone in or in person) – 10-20 minutes \$50- \$70 + HST depending on time needed

PRT (Pattern Reflection Technique) \$50-100 depending on time needed (please inquire)

***PLEASE HONOR OUR SCENT FREE OFFICES BY REFRAINING FROM WEARING ANY SCENTS OR FRAGRANCES**

*Some extended health care plans cover homeopathy. Please check with your health care group provider.

PLEASE NOTE: Payment and Cancellation Policy

* All fees are payable at the end of each consultation (cash, cheque, debit, Visa or MasterCard)

* If you are unable to keep an appointment, please provide 24 hours-notice to avoid being invoiced

The fee for ALL missed appointments is the full amount of the appointment.

Please sign below to acknowledge you are in agreement with the waiver, cancellation policy, fee schedule and payment policy.

Patient's Signature _____

Date _____

(If under 18 yrs old, a parent or guardian must sign on your behalf)