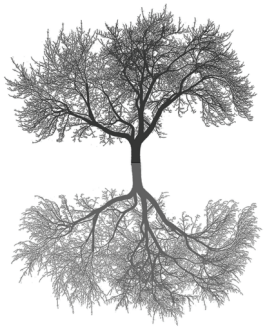


HOMEOPATHIC HEALING

Sarah Trask, BKin, DSHomMed Hons, RCSHom

PATIENT INTAKE FORM

Scheduled Appointment: _____

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

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

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

How did you hear about me? _____

Present MD and Phone # _____

Do you have insurance coverage for homeopathic medicine?

Homeopathy is a system of medicine that stimulates the body to heal itself. This is accomplished by addressing the imbalances of the body, which lead the patient to their diseased state. To a classical homeopath, the symptoms, which can be physical, emotional or mental, are an expression of the body's attempt to cure and as such can be used to cure homeopathically, curing "like with like". After successful treatment, the patient will find they are healthier and more vital as a whole, because the symptoms were honoured by the body's own attempt to cure, and were not suppressed.

Determining the proper remedy involves investigating and evaluating all of the subjective and objective symptoms that you are experiencing in the context of your individual life circumstances and environment. In order to develop an accurate picture of your circumstances, and to make our time in consultation most effective, I request that you complete the following information form as fully and as accurately as possible. If you have questions, feel free to contact me. Please note that all information you provide is kept in the strictest confidence according to the laws of homeopath/patient confidentiality.
I welcome you to your journey with homeopathic medicine!

4 Little Ave Unit #6 Wolfville, NS B4P 1P4
www.sarahtrask.com

Major Complaints In Order of Importance For you

Complaint	Since	Causes

What Medications Are You Currently Taking?

Medication	Since	Adverse Effects

What Other Treatments Or Regimes Are You Currently Following?

Treatment or Regime	Since	Results

Which of the Following Conditions Have You Had?

Abscess	Cold Sores	Gout	Kidney Disease	Peritonitis	Sexual Abuse	Typhoid Fever
Alcoholism	Depression	Genitalia	Leukamia	Pelvic	Skin Disease	Venereal Warts
Allergies	Diabetes	Hayfever	Malaria	Pleursy	Sinusitis	Warts
Amnesia	Emphysema	Heart Disease	Measles	Pneumonia	Strep Throat	Whooping Cough
Arthritis	Epilepsy	Herpes	Miscarriage	Prostatitis	Sunstroke	Worms
Asthma	Gallstones	Hepatitis	Mono	Rheumatic Fever	Syphillis	Yellow Fever
Cancer	Goitre	Inflammatory	Mumps	Rubella	Tonsilitis	
Chicken Pox	Gonorrhea	Influenza	Parasites	Scarlett Fever	Tuberculosis	

Any Other Major Conditions? _____

What Operations Have You Had?

Operation	When	Complications

What Injuries Have You Had?

Injury	When	Long-Term Effect

Age of first menses: _____ Number of pregnancies: _____
What vaccinations have you had? _____
Any adverse effects from them? _____
Have you lost any weight lately? How Much? _____
What exercise do you do and how much? _____

How Much Of The Following Substances Are You Using?

Tobacco:	**Coffee:**
Alcohol:	**"Recreational Drugs":**

Indicate Below, Which Of The Following Ailments, Or Any Other Major Ailments, Have Affected Your Relatives:

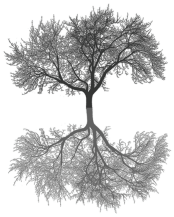
Alcoholism
Allergies
Arthritis
Asthma
Cancer
Depression
Diabetes
Epilepsy
Gonorrhea
Gout
Hay Fever
Heart Disease
Insanity
Paralysis
Pneumonia
Skin Disease
Syphilis
Tuberculosis

Relative	Age If Alive	Age At Death	Ailments
Mother:			
Father:			
Brothers:			
Sisters:			
Children:			
Maternal Grandmother:			
Maternal Grandfather:			
Maternal Aunts/Uncles:			
Paternal Grandmother:			
Paternal Grandfather:			
Paternal Aunts/Uncles:			

Are You Currently Under The Care Of Another Physician?

Physician	For What Conditions	Treatments

Have You Been Treated With Homeopathy Before? _____
For What Conditions? _____ Remedies? _____



HOMEOPATHIC HEALING
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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)

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www.sarahtrask.com