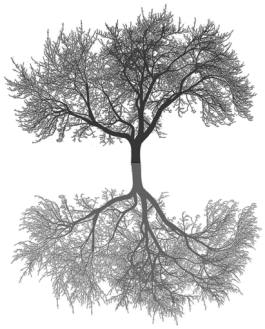


# HOMEOPATHIC HEALING

Sarah Trask, BKin, DSHomMed Hons, RCSHom

## PEDIATRIC INTAKE FORM (up to 14 yrs)

Scheduled Appointment: _____

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

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

How did you hear about me? _____

Present MD and Phone # _____

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:

| Complaint | Since | Cause |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## What Medications Is Your Child Currently Taking?

| Medication and Condition | Since (age) | Adverse Effects |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Circle Any Of The Conditions Your Child Has Had:

| | | | | |
|---|---|---|---|---|
| Abscesses | Cold Sores | Measles | Rubella | Thrush |
| Anemia | Colic | Mood Swings | Scarlet Fever | Tuberculosis |
| Anxiety | Depression | Mumps | Skin Disease | Typhoid Fever |
| Arthritis | Diabetes | Mononucleosis | Strep Throat | Warts |
| Asthma | Eating Disorder | Parasites | Sinusitis | Whooping Cough |
| Cancer | Eczema | Pneumonia | Sun Stroke | Worms |
| Chicken Pox | Frequent Colds | Rheumatic Fever | Tonsillitis | |

## Any Other Medical Conditions?

## Are There Any Conditions After Which Your Child Has Never Felt Totally Well Since? Which Ones?

## Any Serious Shock, Grief, Disappointment, Fright, Mental Upset, Depression?

## Any Major Operations/Injuries?

| Operation/Injury | When | Complications |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Has Your Child Been Treated With Homeopathy Before?

| Practitioner | When (age) | For What Condition? Remedy Given |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Vaccination History:

| | | |
|---|---|---|
| Measles | Yes | No |
| Mumps | Yes | No |
| Rubella/German Measles | Yes | No |
| Chicken Pox | Yes | No |
| Whooping Cough | Yes | No |
| Meningitis | Yes | No |
| Hep B | Yes | No |
| Tetanus | Yes | No |
| Flu Shot | Yes | No |

## Any Adverse Effects From Any Of These Vaccinations?

## Health History of Relatives

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

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

Previous Pregnancies By Natural Mother, Miscarriages, or Complications:

Mother's Age At Child's Birth: _____

Mother's Health During Pregnancy.
List Any Bleeding, Nausea, Illness, Physical or Emotional Trauma, Hypertension, Diabetes, Medications, Alcohol, Drugs, Tobacco, etc.

Your Child's Birth

Full Term _____ Premature _____ Late _____ Weight At Birth _____

Length Of Labour: _____ Complications: _____

Growth And Development

Age Your Child Began:

Teething: _____ Walking: _____

Sitting: _____ Speaking: _____

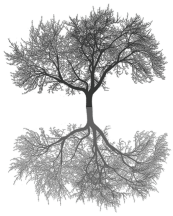
Began Solid Foods: _____

Eating Indigestibles Like Chalk, Earth, Pencils, etc. _____

Any Other Issues With Your Child's Growth And Development?

What Is Your Child Especially Like? Please Describe.

Is There Any Other Information That You Think I Need To Know About Your Child?



# 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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