



HOMEOPATHIC HEALING

SARAH TRASK, DSHomMed Hons, RHom, BKin

PRT Intake Form

Scheduled Appointment: _____

Patient's Full Name: _____

Patient's Age: _____ Birthdate: _____ Marital Status: S M D W

If patient is under 18 years old Parents/Guardians Name/s: _____

Mailing Address: _____

Phone #: _____ Email: _____

Occupation: _____ Employer: _____

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!

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PRT Intake Form

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.

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.

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.

List of major complaints in order of importance to you:

<u>Complaint</u>	<u>Since</u>	<u>Cause</u>

List of medications and dosages you are currently taking

<u>Medications/Dosage</u>	<u>Since</u>	<u>Adverse effects</u>

What other treatments or regimes are you currently following?

<u>Treatment/Regime</u>	<u>Since</u>	<u>Results</u>

Please underline any of the following conditions you've had once, and if more than once please circle.

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

Any other major conditions? _____

Surgeries/Operations (please list)

<u>Operation</u>	<u>When</u>	<u>Complications?</u>

Accidents/Injuries (please list)

<u>Injury</u>	<u>When</u>	<u>Long Term Effect</u>

Age of first menses/period: _____ Number of Pregnancies: _____ Complications: _____

Do you have a pacemaker? YES?NO

Childhood Vaccines: Yes/No Adverse effects: _____

Covid MRNA: Yes/No Adverse effects: _____

Unexplainable weight loss/gain lately? Yes/No If Yes, how much? _____

How much of the following substances do you use weekly?

Tobacco:	Coffee:
Alcohol:	Recreational Drugs:

Do you exercise? If so, what and how often? _____

Are you currently under the care of another physician/practitioner? Please list who and for what conditions: _____

What is your main goal for seeking PRT Treatment? _____

If there is anything else that is unique to you that you would like to share, please do so here:



HOMEOPATHIC HEALING BY SARAH TRASK, DSHomMed Hons

WAIVER OF LIABILITY FOR HOMEOPATHIC TREATMENT

I, _____, the undersigned, understand that Sarah Trask is not a medical doctor, but is a Classical Homeopath. As such, I acknowledge that it is my right and responsibility at any time through my treatment in Homeopathic Healing by 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. As such, I agree that should Sarah Trask need to terminate treatment at any time, it is her right to do so. 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 at the time of provided service. I acknowledge that all personal information will be kept confidential and I have read, understood and agree to the terms and conditions for private homeopathic treatment.

Fee Schedule:

PRT (Pattern Reflection Technique \$70-150 depending on time needed (please inquire prior to booking))

***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 (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, Terms and Conditions, and payment policy.

Patient's Signature _____

Date _____

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