



**BARRIE HOMEOPATHY
&
WELLNESS CENTRE**

Homeopathic Consultation Intake and Consent Form

Name: _____ Date of Birth: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Referred By: _____

Major complaints in order of importance for you:

Complaint	Since	Cause

Which medications are you currently taking?

Medication	Since	Adverse Reactions

What other treatments or regimes are you currently following?

Treatment	Since	Results

Which of the following conditions have you had?

- | | | | | |
|-------------|---------------|---------------|---------------|----------------|
| Abscesses | Goitre | Leukemia | Pneumonia | Stroke |
| Alcoholism | Gonorrhoea | Malaria | Prostatitis | Sun Stroke |
| Allergies | Gout | Measles | Rheumatic | Thyroid Issues |
| Amnesia | Hay Fever | Miscarriage | Fever | Tonsillitis |
| Anemia | Heart Disease | Mononucleosis | Rubella | Tuberculosis |
| Arthritis | Hepatitis | Mumps | Scarlet Fever | Warts |
| Asthma | Herpes | Parasites | Sexual Abuse | Whooping |
| Cancer | Influenza | PID | Skin Disease | Cough |
| ChickenPox | Kidney Dis- | PCOS | Strep Throat | Worms |
| Gall Stones | ease | Pleurisy | Sinusitis | Yellow Fever |

Any Other Major Conditions not Listed?

Are there any other preceding conditions after which you have not been well again?

Which ones:

Women:

Age of first Menses: _____ Number of Pregnancies: _____

Are You Currently Under The Care of A Physician(s)?

Physician: _____

For Which Condition? _____

Treatments: _____

What Major Operations Have You Had?

Operation	When	Complications

What Major Injuries Have You Had?

Injury	When	Complications

How Much of The Following Substances Are you Using?

Tobacco _____ Alcohol _____ Coffee _____ Recreational Drugs _____

Indicate Below Which Of The Following Ailments or any other major ailments which have affected your relatives:

Alcoholism Allergies Arthritis Asthma Cancer Depression Diabetes Epilepsy Gonorrhoea
Gout Heart Disease Paralysis Pneumonia Skin Disease 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			

YOUR PERSONALITY PROFILE

(Please indicate which of the following words strongly define your character)

Animated	Adventurous	Compromising	Sluggish
Playful	Persuasive	Analytical	Changeable
Sociable	Strong-willed	Persistent	Adaptable
Convincing	Competitive	Self-sacrificing	Peaceful
Resourceful	Respectful	Considerate	Submissive
Self-reliant	Sensitive	Reserved	Controlled
Planner	Patient	Satisfied	Spirited
Scheduled	Shy	Spontaneous	Positive
Orderly	Obliging	Optimistic	Confident
Faithful	Friendly	Funny	Outspoken
Detailed	Diplomatic	Delightful	Forceful
Consistent	Inspiring	Cheerful	Daring
Demonstrative	Decisive	Independent	Cultured
Musical	Mediator	Resistant	Idealistic
Thoughtful	Tolerant	Deep thinker	Dry humour
Loyal	Listener	Talker	Tenacious
Popular	Productive	Lively	Leader
Bold	Behaved	Chart maker	Contented
Brassy	Bossy	Perfectionist	Permissive
Undisciplined	Unsympathetic	Balanced	Blank
Repetitious	Crafty	Bashful	Unenthusiastic
Forgetful	Blunt	Unforgiving	Reluctant
Interrupts	Impatient	Resentful	Fearful
Unpredictable	Unaffectionate	Fussy	Indecisive
Haphazard	Headstrong	Insecure	Uninvolved
Permissive	Proud	Unpopular	Hesitant
Angered easily	Argumentative	Hard to please	Plain
Naive	Nervy	Pessimistic	Aimless
Wants credit	Workaholic	Alienated	Nonchalant
Tactless	Too sensitive	Negative attitude	Worrier
Intolerant	Introvert	Withdrawn	Inconsistent
Manipulative	Moody	Timid	Messy
Stubborn	Sceptical	Indifferent	Show-off
Short tempered	Loner	Mumbles	Loud
Revengeful	Suspicious	Slow	Scatterbrained
Critical	Reluctant	Lazy	Restlessness

Is there any other information that I would need to know?

Medical/Professional Waiver:

PLEASE READ THE FOLLOWING CAREFULLY (If under 18 years of age, a parent or guardian must sign).

I, the undersigned, understand that Eryn Atton is a Homeopath and not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. In consulting with Eryn Atton, I am exercising my right to choose an alternative method of treatment through which to address my total health. As homeopathy is not covered by existing government medical insurance plan, I agree to pay all fees presented in the current rate schedule. I agree that "symptoms" from consultations may be used for homeopathic teaching purposes. I acknowledge that all personal information will be kept confidential. I consent that from time to time I may receive emails from Eryn Atton and/or Barrie Homeopathy & Wellness Centre which will provide me with relevant health information, newsletters, upcoming events, homeopathic and natural health seminars and learning opportunities. I understand that I can unsubscribe to these emails at any time.

Patient Signature: _____

Date: _____

Witness: _____



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Fee Schedule

Adults:

Initial Consultation (60 - 90 mins)	\$200.00
Follow-Up Consultation (30 mins)	\$ 65.00

Children (12 years and under):

Initial Consultation (60 mins)	\$150.00
Follow-Up Consultation (30 mins)	\$ 50.00

Pets:

Initial Consultation (60 mins)	\$150.00
Follow-Up Consultation (30 mins)	\$ 50.00

Acute Treatments:

15 minutes used for acute conditions such as colds, flus, infections, minor injuries (sprains, strains, bone breaks, pre/post surgery)	\$ 30.00
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Payment:

All fees are payable via E-Transfer, Visa or Mastercard at the time of your visit.

All services/consultations/goods are subject to 13% HST.

Appointments available by phone, FaceTime, Doxy and in person by special request.

Cancellation Policy:

Missed appointments or cancellations made with less than 24 hours notice will be charged 50% of the appointment fee.

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