

NEW CLIENT REGISTRATION

Today's Date: _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Best phone number to reach you _____ e-mail: _____

Male Female Marital Status _____ Occupation _____

Emergency contact name & phone number: _____

Family doctor or clinic contact info: _____

If patient is a child, please indicate the following:

Mother's Name _____ Child lives with you? _____

Father's Name _____ Child lives with you? _____

Referred by: _____ Phone _____

YOUR HEALTH HISTORY

What medications do you currently take? _____

What medications have you taken in the past? _____

Allergies to? _____

Have you had any of these previous illnesses? (Indicate the diagnosis and when it occurred)

Illness	Diagnosis/Date (s)
Autoimmune disease	
Cancer	
Heart Disease	
High Blood Pressure	
Diabetes	
Mental illness	
Neurological disorders	
Pneumonia	
Tuberculosis	
Venereal disease	
Other conditions you suffer from:	
Hospitalizations or surgeries:	

CLIENT-HOMEOPATH AGREEMENT

Homeopathy occurs within a human relationship, which is close, personal and professional. In order for that relationship to be therapeutic I have found that maintaining clear professional boundaries supports and facilitates your healing process. To optimize the therapeutic value of our relationship, I ask you to abide by the following guidelines.

A. CANCELLATION POLICY

I believe in maintaining respect of time for both my clients and myself. I schedule all appointments on a per client basis and this time has been reserved for you for a full, uninterrupted session of approximately 120 minutes duration.

Please allow a minimum of 24 hours notice for cancellation. **Any cancellations made less than 24 hours will be charged a \$50 no-show fee for first visits, \$25 for return visits.**

B. TELEPHONE MESSAGES

As I am often unable to receive business calls during session times, please leave a message on my voicemail. When leaving a message, leave your name, phone number, and times that you are available for me to return your call. Please do not leave messages containing confidential material, or complicated information. It will benefit you more if we could schedule a few minutes of telephone time. If I have not returned your call in 24-48 hours, please call back as the message may have been lost. **If your call is urgent due to a serious health condition, CALL 911.**

C. TELEPHONE COMMUNICATIONS vs. TELEPHONE CONSULTATION

Telephone communications include all messages regarding appointments, scheduling, and any direct communication about Homeopathy in general. There is no charge for these calls.

Telephone Consultations. It is always preferable to come into the office for follow-up or evaluation of your physical condition. However, sometimes it is not possible due to either of us being out town or urgent situations. I will not charge for the first telephone consult, but will for the second and subsequent consults at a rate of \$25.00 not to exceed 15 minutes. Please remit check for a telephone consult that same day.

D. FEES

The fee for the first comprehensive consultation is \$199. Subsequent follow-up appointments are \$85. Payment is expected to be paid in full at the time of your session unless prior arrangements have been made. You may pay with either cash or check. If paying by check, please make payable to Pam Fettu. A \$20.00 service charge will be assessed for all returned checks.

E. INSURANCE

I do not accept insurance for my services. You will be responsible for your consultation fee at the time of your appointment.

Pam Fettu, RSHom (NA), CCH

Certified Classical Homeopath

Mailing Address: 10755 Scripps Poway Pkwy., #185, San Diego, CA 92131
858.967-9893 ☞ pam@AWay2BetterHealth.com ☞ AWay2BetterHealth.com

F. VIDEO CONSENT

In order to provide the best treatment for you that I possibly can, I find it most beneficial to video record the homeopathic interview. The sole purpose of the recording is to help me to develop a deeper understanding of your problem and to ensure that I don't miss any important clues as to what is going on. Everything that is discussed is STRICTLY CONFIDENTIAL. If at any time you feel uncomfortable recording the interview, please be sure to let me know, and I will terminate recording.

G. CONFIDENTIALITY AND DISCLOSURE STATEMENTS

Everything that is discussed here in my office with regards to your session remains confidential.

Often, homeopathy acts as catalysis to your healing. To this end, the client may need to process events with a licensed psychotherapist. It is often helpful to have open communication between your other health care providers and myself. In order to do so, a written release is needed. I can provide a release for you.

Pam Fettu, is a Classical Homeopath, not an M.D. I understand that if I need or desire medical diagnosis, treatment or monitoring, I should consult with a medical doctor (M.D.) It is my right at any moment to take or refuse any advice received. I assume full responsibility for my use of any information provided and my use of homeopathic remedies. I assume full responsibility for my choice of treatment and hold Pam Fettu harmless.

I understand that everything in this Information and Agreement that refers to me as the client also refers to my child or ward, as appropriate.

Signature _____ Date _____

Name (print) _____

Name of child/ward (print) _____

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Practitioner Disclosure and Client Consent Form

For all Clients of Homeopathy

Welcome to my practice. In September of 2002, the California legislature passed Senate Bill 577, which requires all non-licensed health care practitioners in the state of California to disclose information to their clients about their practice. This bill, which took effect January 1, 2003, is really a consumer protection bill - designed to ensure that consumers of non-licensed health care practices have sufficient information about the practitioner they're working with, before entering into a working agreement.

In accordance, with this bill, I'm required to provide you with this written disclosure statement, and to keep a copy of this statement with your signature. Please read it thoroughly and let me know if you have any questions or concerns.

Non-licensed - I am a practitioner of classical homeopathy. I am not a licensed physician, nor are homeopathic services licensed by the state. Homeopathy by philosophy, science and practice does not diagnose or treat disease. The diagnosis and treatment of disease is solely within the license of the medical profession. IF YOU KNOW OR SUSPECT THAT YOU HAVE A CONDITION WHICH MAY WARRANT THE CARE OF A LICENSED MEDICAL PROFESSIONAL, YOU SHOULD SEE ONE AS SOON AS POSSIBLE.

Description of Modality - Homeopathy is based on the "law of similars" which states that all substances in nature have a symptom profile they illicit in a healthy individual - and when a particular substance is given in its diluted form (that is, a homeopathic preparation of the substance), it stimulates healing of the same set of symptoms the substance in its physical form causes.

For example, homeopathic onion might be used to stimulate the healing of watery eyes and other allergy symptoms.

Description of Profession - A homeopath is a professional that understands the symptom pictures of homeopathic remedies, and is trained on how to interview a client to illicit a symptom picture, and can analyze a case in order to select the remedy or remedies which most closely matches the client's symptom picture. Homeopaths are not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

What to Expect from Remedies - Homeopathic remedies are safe, have no known side affects, and can be used safely and effectively with conventional medications. However, homeopathic remedies cannot be used in place of conventional medications. Also, homeopathic remedies can sometimes cause a retrace of old symptoms, in which symptoms become temporarily heightened as part of the healing process.

Description of Services - During a consultation, I interview clients in order to get a clear picture of physical and emotional symptoms, and then select the remedy or remedies which most closely matches the presenting picture.

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Training and Experience – I am Registered by the North American Society of Homeopaths (RSHom (NA)), and I'm Certified in Classical Homeopathy (CCH) by the Council for Homeopathic Certification. I have a Bachelors of Science degree in Health Sciences, and have completed three years of training in Classical Homeopathy from the Homeopathic Academy of Southern California. This training program included homeopathic philosophy, principles of classical homeopathy, materia medica, case taking, and case management. I also have three additional years of training with the California Center for Homeopathic Education, where I have learned the "Vital Sensation" method of case taking and analysis. I have also received training from various master clinicians in the U.S., England and India.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My method of treatment, homeopathy, is alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions of Senate Bill 577. (See attached document for more details on these requirements and restrictions.)

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend you inform your medical doctor you are receiving homeopathic treatment.

Acknowledgement and Consent to Receive Services

- I understand Pam Fettu is not a licensed practitioner in the state of California, nor is she a physician, naturopathic doctor or a nurse.
- As a mature adult, have read this disclosure and understand the above as well as the limitations of the services to be provided. I accept responsibility for my choice to seek for legal ward, myself the consultative services of Pam Fettu. I understand that homeopath will not diagnose or treat disease in the process of homeopathic care. Furthermore, I understand my homeopath will keep all of my records strictly confidential.
- I understand it is my responsibility to maintain a relationship for myself/my child (or ward) with a medical doctor. If I have a medical complaint or question about my health, or that of my child/ward, I will consult with a physician or medical doctor. If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of a medical doctor trained in the use of the kinds of medications I am taking.
- I have consented to use the services offered by Pam Fettu, and agree to be personally responsible for the fees of Pam Fettu in connection with the services provided to be. I assume full responsibility for my choice of treatment and hold Pam Fettu harmless

Signed: _____ Date: _____
(client/parent/guardian)

Indicate capacity to sign if other than client _____

(parent/guardian)

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