

**Client Intake Form**

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| **Personal Details**  |
| Title  |  |
| Name and Surname |  |
| Address |  |
| Mobile |  |
| Email Address  |  |
| Date of Birth |  |
| Occupation  |  |
| Relationship Status |  |
| Parent /guardian (of a child)- |  |
| In case of emergency contact (Name/Phone number) |  |

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| **Other Questions**  |
| Have you had any consultations with a homeopath prior to coming today? YES / NO |
| If so, how many months/years ago? |
| If you have seen a homeopath before please list remedies you have been prescribed. |
| What is your main current concern/issue you need help with? |
| What is your diagnosis?  |
| Are you currently on any medications? If yes, please specify |

**Disclaimer:**

I, Eve Bukina (IACH Student), am not a Medical Practitioner in Australia and I do not perform any medical procedures (however, physical examinations / assessments may be carried out). I also do not advise any medical treatments to be stopped without your medical doctor’s advice.

I am a student of IACH and currently completing Clinical Supervision under AROH registered Clinical Supervisor who is registered to work in Australia. I am also a student member of AHA institute. All consultations and prescriptions are reviewed by the Clinical Supervisor prior to the prescription being made.

I will use my knowledge to help people who come to me of their own free will, to understand their health problems better. I treat the whole person and not just the disease. I only prescribe Homoeopathic remedies. I may advise people with regards to basic home remedies for simple problems or encourage them to use natural products for their benefit. I also will change dietary patterns to suit their needs. My aim is to treat their symptoms in the most holistic way I can, in the gentlest and most natural way. I have been well trained in my form of prescription and do endeavour to do the best for my clients. I do not prescribe nor do I advocate Homeoprophylaxis.

**Eve Bukina**.

**Fees:**

Consultations are free. The patient will need to pay for the homeopathic prescription and postage if applicable.

**I, (print name in block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the above information and have answered the questions relating to my medical history to my fullest knowledge. I agree to the above conditions for the homeopathic consultation service provided by my homeopath at Contradicting Convention.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient /Parent /Guardian**