

NEW PATIENT INTAKE FORM

Please fill in the form below (3 pages) and send to eve@contradictingconvention.com.au at least one day before your appointment together with any recent pathology results.

Name

Full Name

Email

example@mail.com

Date of Birth

Day/Month/Year

Occupation

Relationship Status

Gender

Male

Female

Mobile Phone Number

Address

Street Address

City/Suburb

State

Post Code

Parent/Guardian (of a child)

Your Full Name if the Patient is a Child

In Case of Emergency Contact

Full Name and Phone Number

Have you had any consultations with a homeopath prior to coming today?

Yes

No

If yes, when was your last visit?

If you have seen a homeopath before please list below 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 or supplements? If yes, please specify below

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