

PROACTIVE HEALTH

(Client Name)

Please read the following information and sign below. If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me.

Welcome to Homeopathy. As you know I am a Homeopath and not a licensed physician, nor are my homeopathic services licensed by the state. **It is recommended that you inform your medical doctor that you are receiving Homeopathic treatment.** In emergencies, your pediatrician, family practitioner or local emergency room is best suited to meet your needs.

THEORY OF HOMEOPATHY

Homeopathy is a systematic, scientific method of therapy that aims to promote health by reinforcing the body's own natural healing capacity. The mental, emotional as well as the physical aspects of a person are very important, and a remedy is selected based on the totality of the symptoms expressed in these areas. Improvement in health will be evaluated from a total view of all these areas. In a curative response to a well-selected remedy, there may be a brief intensification of the presenting symptoms and/or a temporary return of old symptoms, as the vital force is stimulated to heal.

NATURE OF SERVICES

The Homeopath relies on a good understanding of the patient therefore, it is important for you to be as thorough as possible in your consultation. The initial consultation is an hour and half and follow up appointments are about 45 minutes – 1 hour. If you have not been seen for a follow-up in a while, then it will take more time and you will be billed by my hourly rate of \$100/hr for this visit. If you must cancel an appointment please do so at least 24 hours in advance, or charges will apply.

The homeopathic consultation, apart from the selected homeopathic remedy, may also include recommendations on any lifestyle changes that are important to improving your health and allowing the homeopathic remedy to work in the most optimal way. Therefore it may include any other services offered at Proactive Health. You may receive, if appropriate, an advice on diet, nutritional supplements, the stress management techniques, exercises, etc.

You might also be advised on other alternative services, complementary to homeopathic treatment, if appropriate.

CONFIDENTIALITY

I understand that all information disclosed in the consultation is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse, a reasonable suspicion that the client presents a danger to him or herself or to others. Disclosure may also be required pursuant to a legal proceeding.

PROACTIVE HEALTH

HOMEOPATHIC TRAINING AND EDUCATION

I have been practicing Homeopathy since 1995. I received my certification (LCH) from the College of Homeopathy (now the Centre for Homeopathic Education) in London, England. I have completed a post-graduate advanced study as a Homeopathic Physician at the Bengal Allen Medical Institute in India. I am a registered member of the Society of Homeopaths (RSHom), which is an organization of professional practitioners dedicated to developing and maintaining high standards of homeopathic practice.

ACKNOWLEDGEMENT OF INFORMATION

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.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE SERVICES

I have read and understand the above disclosure about the Homeopathic treatment offered by Ela Corcoran, and I am aware of her training and education. I have discussed with Ela Corcoran the nature of the services to be provided. I understand that she is not a licensed physician and that Homeopathic services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Ela Corcoran, and agree to be personally responsible for the fees she charges in connection with the services provided to me.

Patient/Parent/Conservator/Guardian Signature

Date

Indicate capacity to sign if other than client