

Shelly Garrison, CCH

HOMEOPATHY

Client Contact Info

NAME: _____ DATE: _____

DATE OF BIRTH: _____ AGE: _____

EMAIL: _____ PHONE / TEXT: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

OCCUPATION: _____ REFERRED BY: _____

Responsible Party (Parent or Caregiver)

NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE / TEXT: _____

Emergency Contact

NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE / TEXT: _____

Acknowledgement

The homeopathic service you have requested works upon your constitution and vitality. Law prohibits the homeopath from diagnosing or treating disease. Homeopathy is not licensed in the USA and the homeopath is not a medically licensed physician. For such a service you may choose to consult with your allopathic physician. My practice is in compliance with the law and the Health Freedom Act of California, Senate Bill 577, Section 2053.6. It is based on the science of homeopathy as defined by Dr. Samuel Hahnemann in the Organon of Medicine. I am certified as a classical homeopath, CCH, by the Council for Homeopathic Certification. My casework is sometimes shared with Dr. Jose Isaac (Hom), and other colleagues.

"It is my preference to use the homeopathic services provided by Shelly Garrison, CCH. I understand that her homeopathic services are not the same as allopathic medical treatment that the homeopath is not a licensed medical physician but is a trained professional homeopath."

I acknowledge that I have read and agree to Shelly Garrison's policies and understand that I am responsible for the associated fees when I receive her services.

Name (PRINT): _____ Self / Parent / Guardian

Sign: _____ Self / Parent / Guardian

Date: _____