

**Patient intake form** – your privacy is important to me. All information is held in strict confidence.

Darcie Clark, Homeopath and Yoga Teacher

Phone: (416) 220-1309

**Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth mm/dd/yyyy

Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse/Partner’s Name \_\_\_\_\_ Children/Ages \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_ Relation \_\_\_\_\_

Insurance Company \_\_\_\_\_ Referred by \_\_\_\_\_

Family Doctor (Full Name) \_\_\_\_\_ Doctor’s Phone \_\_\_\_\_

When was your last medical check-up? \_\_\_\_\_

Have you been treated with homeopathy before? What for? \_\_\_\_\_

**List the reasons you are seeking homeopathic treatment (in order of importance):**

Ailment / Complaint	Since	Suspected or Known Causes	Sensations / Symptoms

**Personal Health Care**

What other treatments or regimes are you currently following?

e.g. chiropractic, psychotherapy, aromatherapy, etc.

Treatment	Since	For What Condition

**Current Medications (periodic and daily use)**

Please include prescription and OTC (over-the-counter) meds such as Aspirin, anti-histamines, etc.

Medications (strength and frequency)	Since	Why You Are Taking It	Complications/ Side Effects

**Current Vitamin, Mineral and Herbal Supplements**

Supplement (strength and frequency)	Since	Why You Are Taking It	Complications/ Side Effects

**Surgical procedures (minor and major)**

What and When	Complications Then and Now

**Vaccinations***e.g. small pox, polio, measles, tetanus, whooping cough, influenza*

What and When	Complications Then and Now

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**Injuries**

*e.g. concussions, broken bones, major wounds*

What and When	Complications Then and Now

**Women Only**

Age at first period: \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_

Number of Miscarriages: \_\_\_\_\_

Any Abortions: \_\_\_\_\_

Complications from any of the above: \_\_\_\_\_

**Personal Lifestyle**

Have you lost or gained any weight in the last year? How much?

What exercise do you do?

How often do you exercise?

Please specify how much and how frequently you use any of the following substances:

Tobacco:

Alcohol:

Drugs:

Coffee:

Tea:

Pop:

Chocolate:

**What are your personal health-related goals?**

## Family Health History

The following is a list of conditions which may or may not have affected your family. Please write the relatives who have been affected by any of them (including deceased relatives):

e.g. <i>Asthma</i> <i>Dad, Grandma, Sister, Son</i>	
Alcoholism	Hay Fever
Allergies	Heart Disease
Arthritis	Mental Illness
Asthma	Obesity
Cancer	Osteoporosis
Depression	Paralysis
Diabetes	Pneumonia
Drug Addiction	Skin Disease (e.g. eczema, psoriasis)
Epilepsy	Thyroid Disease

Circle if you've ever had any of the following:

abscesses, addiction, alcoholism, allergies, anemia, arthritis, asthma, atherosclerosis, cancer, chicken pox, cold sores, constipation, depression, diabetes, emphysema, epilepsy, gallstones, goitre, gonorrhoea, gout, hay fever, heart disease, hepatitis, hemorrhoids, herpes genitalia, HIV, hypertension, impotence, influenza, kidney disease, leukemia, malaria, measles, miscarriage, mono, mumps, parasites, PID, pneumonia, prostatitis, rheumatic fever, rubella, scarlet fever, sexual abuse, sinusitis, skin disease, strep throat, stroke, sunstroke, thyroid, tonsillitis, tuberculosis, typhoid fever, venereal warts, warts, whooping cough, worms, yeast infection, yellow fever

Any other disease not listed?

Are there any of these after which you have never been completely well again, or which have been more severe than usual? What were they?

Darcie Clark, DSHomMed, BSc., CYT  
 Homeopath and Yoga Teacher  
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 Phone: (416) 220-1309 <http://www.darcieclark.com>

### Fee Schedule

Please print a copy for your records and bring a signed one to your appointment.

First Consultation (up to 2 hours), including remedy	\$150
Follow-up Appointments (up to 30 minutes), including remedy	\$65
Children ( <i>under</i> 13 years) and Infants	
First Consultation (up to 1.5 hours), including remedy	\$120
Follow-up Appointments (up to 30 minutes), including remedy	\$50
Phone Consultation – up to 15 minutes	\$35
Additional Remedy Bottle	\$10
Missed Appointment – if you don't give at least 24 hours notice	45% of fee
Referral Discount	50% off

All fees include GST. GST# - 85450 2705RT

Fees are due at each consultation. Payment can be made with Visa, Mastercard, cash or personal cheques. NSF cheques will be subject to a \$20 charge.

Student and Senior discounts as well as Payment Plans are available. Inquire for details.

**I, the undersigned, understand that Darcie Clark is a homoeopathic practitioner and not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future health. I understand that I will never be asked by Darcie to discontinue or refrain from taking prescription drugs or to alter my dose in any way. I will not stop taking a prescription drug without first seeking advice from my medical physician.**

**In consulting with Darcie, I am exercising my right to choose an alternative method of treatment to address my total health. As homeopathy is not covered by the government medical insurance plan, I agree to pay all fees presented in the current rate schedule to Darcie at each consultation. Upon payment, she will provide me with a receipt for insurance purposes and possible reimbursement (this depends on my individual plan).**

\_\_\_\_\_  
**Patient Name**  
**Signature**

\_\_\_\_\_  
**Patient (or Guardian)**

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