



Date: _____ Name: _____

Parent/Guardian Name (if minor): _____

Email address: _____ Phone Number: _____

Address: _____

Client Date of Birth: _____ Client Gender: _____

HEALTH INFORMATION

Date Symptoms Began: _____

Please briefly explain what you are experiencing: _____

Pre-existing Conditions: _____

Current or Recent Medications & Labwork: _____



Is the client familiar with homeopathy? _____

Does the client already work with a homeopath? _____

Does the client have access to homeopathic remedies at home or locally? _____

CONSENT

Homeopathy views health from a holistic perspective. Homeopaths do not make any sort of diagnosis in medical terms and it is your responsibility to maintain a relationship with a licensed physician or primary care provider for appropriate evaluations and check-ups.

*****Under no circumstances should any suggestions be taken as a medical diagnosis or direction against a licensed medical or mental health care professional.*****

By agreeing to the terms of service you agree to the following:

- I understand that the goal of homeopathy is to increase my (my child's) general vitality and constitutional strength and that no specific disease will be diagnosed or treated.
- I authorize discussion of my case notes with other professional Homeopaths if my (my child's) best interests are served by such a consultation. My right to privacy will be protected by withholding my name and any other identifying information.
- I am over 18 years of age and have voluntarily chosen homeopathic care for myself/my child. I waive all legal rights that may arise from the homeopathic care and hold Kristina Jermain of North Star Homeopathy LLC harmless from all claims, present and future, known or unknown, in any manner arising out of the homeopathic care.
- I am aware that the outcome and duration of homeopathic care vary by individual and cannot be guaranteed. Further, Kristina Jermain of North Star Homeopathy LLC offers no warranty or guarantee as to the outcome of homeopathic care.
- I agree that I have a choice with regard to where I obtain homeopathic remedies recommended.



- The Parties agree that the terms and provisions of this Agreement embody their mutual intent and that such terms and conditions are not to be construed more liberally in favor of, or more strictly against, either Party.
- If any provision herein is invalid, it shall be considered deleted from this Agreement and shall not invalidate the remaining provisions of this Agreement.
- I understand that Kristina Jermain of North Star Homeopathy LLC is not a medical doctor and does not diagnose. All recommendations are for wellness and overall health building purposes.

RESEARCH CONSENT

I consent to have my anonymized clinical information from my case used for research purposes. I understand that my right to privacy will be protected. All potentially identifying personal information is removed in all HOHM Foundation research. I also understand that I have the right to withdraw consent to have my information used for research purposes at any time by contacting research@hohmfoundation.org. For any questions about the nature and scope of the research, you can contact research@hohmfoundation.org.

- ☐ Yes, I consent to have the anonymized clinical information from my case used for research purposes.
- ☐ No, I do not consent to have the anonymized clinical information from my case used for research purposes.

Printed Name: _____

Signature of client or parent/guardian if minor: _____

Date Signed: _____