North Star
HOMEOPATHY
Find your way back to health

Client Name: _____

Date of birth: _____

Address: _____

_____

_____

Email: _____

Phone: _____

Parent/Guardian name (if minor): _____

Parent/Guardian contact info (if different from above):

_____

_____

_____

Client Occupation:_____

Primary Health Concerns:

1. _____
2. _____
3. _____
4. _____

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Consent for Homeopathic Care

Because homeopathy views health and wellbeing in a holistic manner, consultations include a comprehensive intake that carefully evaluates symptoms on the mental, emotional, and physical level. Clients will be asked about their temperament, personal habits, likes/dislikes and unique outlook on life. Providing this information will allow the homeopath to understand each client as an individual, and to provide the most appropriate means of care. This view differs from most conventional approaches, which typically limit concerns to the individual symptoms and their treatment. The goal of homeopathic care is to strengthen the constitution of the whole person, which results in alleviation of symptoms and an overall increase in health.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except when disclosure is required by law. (Disclosure may be required in circumstances such as: a reasonable suspicion of child or elder abuse or a reasonable suspicion that a client present a danger to him/herself or others.)

CONSULTATION

I authorize discussion of my case notes with other homeopaths and/or health care professionals should assistance in remedy selection and/or case analysis be necessary (for me or my child) or if my best interest is served by such a consultation. I understand that my right to privacy will be protected by withholding my name and all other identifying information.

TERMS OF SERVICE

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 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.

CONSENT

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/my child. I understand that Kristina Jermain, through North Star Homeopathy LLC, is providing a homeopathic evaluation/recommendation and is not equivalent to care by a medical doctor. It is, therefore, recommended that I retain the services of my primary care physician for appropriate evaluations and check-ups for myself/my child. I further understand that Kristina Jermain does not diagnose, treat, or prescribe for any particular symptoms, diseases or conditions. I understand that she will work to increase my (or my child's) general vitality and overall constitutional strength.

Name: _____ Signature: _____

Date: _____