Classical Homeopathy Ottawa

36 Rosenfeld cres, ON K2K2L2
613-591-8911
classichomeo.khan@gmail.com

Informed Consent and Service Agreement

Dear Patients,

Welcome to my practice. I am a homeopath and registered with the College of Homeopaths in Ontario. My goal is to provide you with a homeopathic treatment that will aid you in healing and strengthen your immune system while promoting your overall sense of well being.
The purpose of a homeopathic consultation lies in selecting the most suitable remedy that is tailored to your individual needs. This will activate your innate healing powers, thereby enhancing vitality on all three levels of your being, the physical, the mental and emotional level.

What to expect during your consultation:
The initial consultation lasts for 1 hr during which I will learn about the factors and circumstances relating to your health condition.
Homeopathy is a holistic medicine system and health issues that occur on the physical level are often also reflected on the mental -emotional level. During our discussion I will ask questions directly related to the complaint as well as questions concerning your fears, dreams, aversions, likings and eventually personal history.
Understanding you deeply is very helpful in finding the silver lining that leads to a good prescription. However, a good prescription can also be given in acute cases without much personal information.
Usually I will take some time (a few minutes or a few days) to analyze the given data, which will allow me to recommend a suitable treatment plan tailored to your needs.
All of your data and personal as well as medical information will remain strictly confidential and secured in a web based software.

Homeopathic remedies:
Contrary to conventional pharmaceuticals, homeopathic remedies are not considered prescription drugs in Canada. They can be obtained over the counter in many pharmacies and health food stores. Derived from substances in our environment homeopathic remedies are highly diluted and dynamized, therefore are safe to take. In potencies higher than 30C no physical molecule of the original substance can be detected, but most importantly its vital essence or information is retained and multiplied. This essence or information of the original substance is able to reach the more subtle layers of your being, the mental and emotional layers where imbalance and illness are usually rooted. This subtle nature accounts for the uniqueness of homeopathic remedies and their capacity to bring about healing on a very deep level.
Homeopathic remedies are prepared under strict guidelines and are compounded following the rules outlined by the College of Homeopaths of Ontario.

Patient role and expectations

Please advise me of any changes to your health and bring any concerns you may have about the treatment to my attention. Fees for my services are payable after your appointment, whether it be an in-person appointment, a telephone or an online appointment. Classical Homeopathy only accepts payment in cash, by cheque or e-transfer.

Homeopathy is not covered under OHIP, yet expenses may be covered by some private insurance plans. Please notify me of any cancellations within 24 hrs of the appointment. Late cancellations will be charged with a flat fee of 40 CAD.

The fee schedule is as follows with telephone and online consultations being billed at the same rates:

- Initial consultation of 1 hr: 118 CAD
- 30 min consultation: 60 CAD
- 15 min consultation: 30 CAD
- Homeopathic remedy - 1 bottle : 10 CAD

Homeopathy Service Agreement

I, _____ acknowledge having read and understood the
[Your name]
contents of this document. I consent to receiving homeopathic care from Kerstin Jarecki-Khan for myself or the person for whom I am the legal Guardian or Substitute Decision Maker. Write the Patient's name her if you are the legal Guardian or Substitute Decision Maker:

_____
[patient name]

I understand that I can withdraw my consent at any time. I also understand that Kerstin Jarecki-Khan does not recommend that any patient discontinue medication prescribed by a medical doctor without prior consultation with this doctor.

I acknowledge that personal information collected here is treated as confidential and private and will not be shared with a third party outside of the Clinic without my consent, unless ordered to in writing by a judge, or unless required by law; i.e. if a client discloses to a practitioner that he or she is at significant risk of harming him/herself or others.

Signed_____on_____

Patient Intake Form

Please complete following forms and return them to: classichomeo.khan@gmail.com at least 2 days prior to your initial consultation.

Date:

Name:

Gender:

Date of Birth:

Home address:

E-mail address:

Telephone:

Current occupation:

Family doctor:

Who referred you or how did you hear about us?

Prioritize your most important health concerns:

Concern	Onset	Frequency	Severity 1-10

Lifestyle:
What physical activity do you participate in, and how often?

What do you do to relieve stress?

Nutrition:
Are you on a special diet? If yes, which one and why?

What is the estimated percentage of fruit and vegetable daily intake?

Do you have food allergies? Yes or No

What and how much do you drink on a typical day?

Water	
Caffeinated beverages	
Soda	
Other	

Do you take recreational drugs? Which ones and how often?

Do you drink alcohol? How much and how often?

Do you smoke?

PERSONAL MEDICAL HISTORY
Please underline the following conditions that apply to you:

Anemia including Sickle Cell
Arthritis/Joint Disease
Blood Clots/Phlebitis
Cancer, Type:
Candida, other yeast infection
Diabetes
Digestive problems (Colitis, Crohns)
Eczema
Easy Bleeding
Frequent Sinusitis
Gall Bladder Trouble
Hay Fever, Allergy, Eczema
Hearing Loss
Heart Attack, Heart Disease, Heart Failure
Heart Murmur
Headaches- Migraines

High Blood Pressure
High Cholesterol
History of Infertility
Injury or Accident
Kidney Infection/ Stones
Liver Disease, Hepatitis, etc.
Lung Disease (Asthma, COPD, etc.)
Mental Trouble/ Depression/Anxiety
Menstrual problems
Pneumonia
Radiation Treatments
Rheumatic Fever
Seizures, Epilepsy
Sexually Transmitted Disease (Chlamydia, Warts, Herpes)
Other STD
Skin Disease
Stroke
Substance abuse
Thyroid Disease
Tuberculosis (TB)
Urinary Tract Infections
Vision Problems
Vertigo
Violence, Assault, Rape
Others:

Please list any operations/surgical procedures/blood transfusions/major injuries (with approximate age or dates):
1)

2)

3)

WOMEN ONLY

Age at first menstrual period:

Length of period in days:

Number of days between periods:

Usual flow- heavy, moderate or light?

Please underline what applies: painful periods, missed periods, spotting between periods, vaginal bleeding, unusual discharge/infection, recurring vaginal infections?

If you have gone through menopause, have you had any post-menopausal bleeding?

Date of last Pap test:
History of abnormal Pap tests?

Number of pregnancies:
Life births:

Abortions:
Miscarriages:
Have you ever experienced complications during pregnancy?
Have you experienced complications during delivery?

MEN ONLY

Please underline what applies:
Prostate problems
Testicular cancer
Vasectomy
Sexual dysfunction

Are you currently on medication? Please list prescription and over-the-counter drugs:
1)

2)

3)

Are you allergic to or have you had a “bad reaction” to any medication, vaccine or other substances?

Yes		No	

If yes, please specify drug(s) and type of reaction:

What vitamins/mineral/herbal supplements are you taking now?

1)

2)

3)

FAMILY MEDICAL HISTORY

Who in your immediate family has any of the following? Place appropriate letter in blank.
(F=father, M=mother, S=sibling, G=grandparent)

_____ Alcoholism or Substance Abuse
_____ High Cholesterol
_____ Anemia (Sickle Cell or Other)
_____ Kidney Disease
_____ Arthritis
_____ Liver Disease
_____ Cancer (Specify Type _____)
_____ Headaches
_____ Lung Disease (Asthma, COPD, etc.)
_____ Ulcers
_____ Mental Trouble/ Depression/ Anxiety
_____ Hay fever, Allergies
_____ Diabetes
_____ Seizure, Epilepsy
_____ Digestive (Ulcerative Colitis, Crohns, etc.)
_____ Stroke
_____ Easy Bleeding
_____ Suicide
_____ Glaucoma
_____ Thyroid Disease
_____ High Blood Pressure
_____ Tuberculosis (TB)
_____ Heart Attack, Heart Disease, Heart Failure
_____ Other