



Flower of Life

Only Good Lies Before Me

The Barefoot Homeopath

Amy Page

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thebarefoothomeopath@outlook.com

Intake Form

Information considered confidential

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birth Date: _____

Occupation: _____ Marital Status: _____

Children: Y/N

Emergency Contact: _____

Referred By: _____

Have you had or are you familiar with homeopathic treatment? Y /N If yes,

when and what? _____

Do you plan to pursue constitutional homeopathy with The Barefoot Homeopath or other (circle one)?

Are you currently working with a homeopath? Y/N



May I contact your homeopath (if yes, please provide name)? _____

Were you in the military? Y/N

List ALL medications, vitamins, or herbs you are currently taking, how long

you take each substance, and why. _____

The Flower of Life package is 100% commitment for you in order to obtain the desired result.

Are you ready for this level of commitment? Y/N

I prefer you to mail this completed for to me for privacy. Once this form is completed, please send an email to thebarefoothomeopath@outlook.com for my mailing address.