EMMA GRANT
Homeopathy

Welcome!

Homeopathy views health and wellbeing in a holistic manner. Consultations include an intake that may evaluate mental, emotional, and physical symptoms. Providing this information will allow the homeopath to understand each client as an individual and to provide the most appropriate means of care. Homeopaths do not diagnose specific diseases. Please be in touch with your primary care provider and seek emergency care if needed.

egrant0411@gmail.com

270.681.0780 (CST)

Client Information

Full Name

Date

Date of Birth

Age

Height

Weight

Gender

M F Non-conforming

Pronouns used

Occupation

How did you hear about Emma Grant Homeopathy?

Primary Health Concerns

Please check all that apply to you and list approximate dates.

- Acne
- AIDS
- Alcohol/Drug Problems
- Allergies
- Anemia
- Antibiotics
- Anorexia/Bulimia
- Endometriosis
- Fibroids (uterine)
- Gallbladder
- Glaucoma
- Gout
- Hearing Problems
- Heart Attack
- Periodontal Disease
- Phlebitis
- Pneumonia
- Prementrual tension
- Prostate Problems
- Psychotherapy
- Rheumatic Fever

- [ ] Antidepressants
- [ ] Anxiety
- [ ] Arthritis
- [ ] Asthma
- [ ] Autoimmune
- [ ] Back problems
- [ ] Binge Eating
- [ ] Birth Control
- [ ] Bronchitis
- [ ] Bladder Infections
- [ ] Blood Clots
- [ ] Breast Lumps
- [ ] Bronchitis
- [ ] Cancer
- [ ] Cataract(s)
- [ ] Chemical Sensitivity
- [ ] Chronic Fatigue
- [ ] Colitis
- [ ] Depression/Anxiety
- [ ] Diabetes
- [ ] Ear Infections
- [ ] Eczema
- [ ] Heart Failure
- [ ] Hemorrhoids
- [ ] Hepatitis
- [ ] Herpes
- [ ] Hernia
- [ ] High Blood Pressure
- [ ] High Cholesterol
- [ ] Hives
- [ ] Hormone Therapy
- [ ] Insomnia
- [ ] Kidney Infection/Stones
- [ ] Liver Disease
- [ ] Menstrual Problems
- [ ] Mental Illness
- [ ] Migraine
- [ ] Mononucleosis
- [ ] Mumps
- [ ] Neurological Problem
- [ ] Nightmares
- [ ] Overweight
- [ ] Panic Attack
- [ ] Pelvic Infection
- [ ] Scarlet Fever
- [ ] Seizures/epilepsy
- [ ] STI's
- [ ] Sinusitis
- [ ] Sleep Disorder
- [ ] Steroid Use
- [ ] Stroke
- [ ] Suicide Attempt
- [ ] Syphilis
- [ ] Thyroid Problems
- [ ] Thryoid Medications
- [ ] Tuberculosis
- [ ] Ulcer
- [ ] Vaccine Reaction
- [ ] Warts
- [ ] Vaccinations:
  - [ ] MMR
  - [ ] DPT
  - [ ] Hep B
  - [ ] Hep C
  - [ ] TB
  - [ ] BCG
  - [ ] Varicella
  - [ ] Anthrax
  - [ ] Smallpox
  - [ ] Influenza
  - [ ] COVID-19
  - [ ] Polio

Any notable reaction or any condition that occured soon after any of the above vaccination? If yes, please explain:

If client is a minor
Name of the Responsible Adult:

If shared custody, is there a difference of opinion about the choice of homeopathy?

- [ ] No
- [ ] YES
- [ ] If yes, please explain:

Personal Medical History

Current Prescription Medications (List prescribing doctor)	Date Started

Have you used Homeopathy before? No YES

Have you worked with a Homeopath before? No YES

If yes, when last seen:

List any homeopathic remedy or remedies you have taken within the past 2 months:

List other therapies or healing modalities (conventional or alternative) you have used to address your health concerns:

Diet & Lifestyle:

Food Cravings

Alcohol/Recreational Drug Use

Do you drink alcohol or use drugs?

How much/often?

Caffiene

Do you drink coffee or tea?

How much/often?

Cigarettes

Do you smoke now or did you in the past?

How much?

Diet Soda/Artificial Sweeteners:

Describe your use:

Refined Sugars/Proceessed Foods

Describe your use:

Hobbies

How often do you do them?

Living Situation

Exercise

Describe the ways you get your body moving.

Food

Do you feel you eat a healthy and well-balanced diet? Do you need guidance/ support?

Worry/Anxiety

Do you have particular issues that worry you? How does this impact your life?

Healthy Relationships

Do you have supportive family/community?

Unhealthy Relationships

Have you been a victim of domestic abuse or troubling relationships?

Spiritiual Life

Do you have a spiritual practice? Is your spiritual life fulfilling and satisfactory?

Itimacy

Are you satisfied with your sexual/intimate life?

Anything else?

Please Indicate any topic you want to address in your consultation.

Hormonal Health (Check all that apply or answer as applicable to biological gender)

Male	Female	
☐ Enlarged prostate ☐ Decreased urine stream ☐ Unable to interrupt stream ☐ Dribbling after urination ☐ Pus or drainage from penis ☐ Genital swelling ☐ Rash/eruptions ☐ Problems with sexual function Comments:	Date of last menstrual period: Length of cycle: Length of period: Age menstruation began: Menopause (list date): Number of pregnancies: Number of live births: Number of abortions/miscarriages: Comments:	Check all that apply: ☐ Vaginal discharge ☐ Spotting between periods ☐ Painful intercourse ☐ Issues with fertility ☐ Problems with sexual function

Life Changes

In the past year, what changes have occured in your:

Personal Life:

Family Life:

Social Life:

Work Life:

Sex Life:

Family History

Check all that apply to blood relatives, and please indicate their relationship:
M: Mother; F: Father; S: Sibling; GM: Grandmother; GF: Grandfather

- ☐ Alcohol/drug problem
- ☐ Allergy
- ☐ Anemia
- ☐ Asthma
- ☐ Arteriosclerosis
- ☐ Arthritis/Rheumatism
- ☐ Autoimmune Disorder
- ☐ Bleeding Problem
- ☐ Cancer
- ☐ Diabetes (T1D/T2D)
- ☐ Eating Disorder
- ☐ Epilepsy/Seizure
- ☐ G.I./ Ulcers
- ☐ Glaucoma
- ☐ Gonorrhea
- ☐ Hayfever
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Kidney Disease
- ☐ Mental Illness
- ☐ Obesity
- ☐ Skin Diesease
- ☐ Stroke
- ☐ Suicide
- ☐ Syphilis
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ STI
- ☐ Other:

	Age	If passed, cause of death
Father		
Mother		

Siblings:

Children:

Personal Information

Full Name

Date:

Date of Birth

Phone Number:

Gender

M F

Address:

Martial Status:

City

State / Province

ZIP / Postal Code

If under 18, Parent's Name/Address:

Emergency Contact (Name & Phone):

Physican Name

Physican's Phone Number

Consent

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Homeopathy

Homeopathy views health and wellbeing in a holistic manner, so 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 treatment 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 presents a danger to him/herself or others.)

CONSULTATION & RESEARCH -

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. Additionally, I consent to have the anonymized clinical information from my case used for academic and research purposes. I understand that my right to privacy will be protected by withholding my name and all other identifying information.

CONSENT-

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/my child. I understand that Emma Grant of Emma Grant Homeopathy, LLC is providing a homeopathic consultation and this 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 Emma Grant 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.

I understand that Emma Grant does not bill insurance companies and that is is my responsibility to pay in cash or check in full at the time of service. I further understand that I must give 24 hours notice to cancel an appointment or I may be held financially responsible for the appointment.

I am fully aware that any and all information Emma Grant may choose to provide me is in direct response to my personal private request only, and that I alone am fully responsible for how I use the information obtained and any remedies I decide to take myself or administer to my children.

Client's Name (Print)

Client's Signature

Date