

**Confidential Client Information Form**

Name: \_\_\_\_\_ Date: / /  
Gender: \_\_\_\_\_ Date of Birth: / /

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

How did you hear about my practice?  
Are you familiar with homeopathy?  
Do you use homeopathic remedies at home? Y N

**Permission to Disclose Case Information**

I, \_\_\_\_\_, give Vandana Pitke, BHMS, CCH my permission to share the details of my homeopathic case with her supervisor and/or homeopathic colleagues for the purposes of instruction and education. This information will be held as confidential by the above mentioned parties and care will be taken in transferring personal information. Names will not be disclosed with the details of my case.

**Professional Disclosure**

Vandana Pitke holds BHMS ;a 5 and half years Bachelors degree in Homeopathy from Pune University , India(2003) . She is a Certified Classical Homeopath (CCH) by the Council for Homeopathic Certification (2016) and a registered homeopath with the Society of Homeopaths of North America (RSHom(NA)).(2016) ; member of National Center for Homeopathy (2016

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

