

## Confidential Client Information Form

Name:

Gender:

Date of Birth:

Address:

Phone:

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, Education and Practice of Homeopathy Disclosures

#### Training and Certification:

Vandana Pitke holds BHMS, MS, CCH. BHMS is 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).

#### Homeopathy Case taking:

I understand that my practitioner Vandana Pitke ( BHMS, MS, CCH) evaluates my entire condition based on a holistic, homeopathic approach, and seeks to assist me to stimulate body's own healing mechanisms with the use of homeopathic medicines prepared according to the guidelines of the Homeopathic Pharmacopeia of USA.

#### Scope and Limitation of Homeopaths:

I understand that my practitioner is an unlicensed practitioner and does not seek to diagnose, and that she provides alternative/natural health consultation services under the Codes of Conduct & Practice of Homeopathy and Code of conduct by Council for Homeopathic Certification. I understand that she does not provide any type of certificates for absence for schools, sick leaves for employees, or does not diagnose or write a note for diagnostic tests, or does not provide any documentations for any disability claims.

#### Integrating other holistic modalities when needed:

I understand that my practitioner Vandana Pitke may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within her scope of practice

to the extent that she incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body.

**General Policies Regarding Fees, Payment, Scheduling and Shipping:**

**Cost of Consultation:**

I understand that, it is my responsibility to pay the consultation fees for homeopathic treatment for me at the time of the consultation/services provided. I understand that I can discontinue treatment at any time without any penalty.

**Payments** may also be made via Credit Cards, Cash, Cheque, PayPal or Online bank to bank transfer.

**Medicines and Shipping costs:**

Medicines will be shipped to the clients at the address provided. Cost of medicines is variable depending upon the potency, dose of the medicine, and pharmacy selected. This cost is not included in consultation fees. Usually it may cost from \$10-\$30 for a months supply. Shipping is \$15 to \$25 in USA.

**Insurance coverage:**

I understand that - It is my responsibility to check with my insurance providers whether homeopathic consultations are covered in my insurance plans or not. (Clients are encouraged to investigate their healthcare plans as it may allow coverage for natural therapies and homeopathic care/medicines for certain conditions.)

**Cancellation Policy:**

If it is necessary to cancel and/or reschedule an appointment, notification must be made at least 24 hours in advance. Missed or late cancellation will result in a 50% fee of the cost of your session.

**Contacting other than appointments:**

Clients can email for reports, updates, questions, scheduling, and other non-urgent topic. Calls are generally answered each day; emails are answered as time allows which can be delayed during times of travel or high volume of emails. If there is any concern that requires prompt response, or you have not gotten a reply from an email in the timeframe you require, please call 401-573-3757. **Whenever a remedy is prescribed; it is considered as a consultation and that will be charged (\$50-\$75) depending up on time (15-30MIN) invested for that consult.**

**Confidentiality:**

The information contained in all files, documents, email messages, and/or any documents accompanying the emails to and from the client are private and confidential. This communication is legally protected and intended for the personal and confidential use of the client and practitioner only.

**Note:**

Homeopathic consultations are not a substitute for medical care. In case of emergencies please call 911. For need of conventional medical care, consult your primary care physician.

**Signature**

**Print Name:**

**Date:**

