

Nadine Leonova, D.Hom

Classical Homeopathy · Online consultations by video · returnto.health

Homeopathic Consultation Questionnaire

Thank you for taking the time to fill this out before your first appointment. Write as much or as little as feels right; we will go through everything together during our consultation.

CONTACT DETAILS

Full name		Date of birth
Cell phone	Email	City, State, ZIP
Time zone ☐ Pacific ☐ Mountain ☐ Central ☐ Eastern ☐ Alaska ☐ Hawaii ☐ Other: _____		
Preferred contact method ☐ Phone call ☐ Text message ☐ Email		Referred by
Type of work		Relationship status (optional)
Name of present MD		

CURRENT HEALTH CONCERNS

Please list your current health concerns
Have you seen an MD for your current condition? ☐ Yes ☐ No If yes, what were you told?

BRIEF PAST HISTORY

Past major illnesses with approximate dates or ages	Past hospitalizations and surgeries with approximate dates or ages
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MEDICATIONS, SUPPLEMENTS AND REMEDIES

Please include the name, dose and roughly when you took each one, if you know.

Current conventional medications	Past conventional medications
Vitamins, supplements and natural therapies	Homeopathic remedies you have taken with potency and result, if known
Adverse reactions to medications, vaccines or other treatments	

GENERAL WELLBEING

A few words for each is plenty.

Sleep quality, position, dreams	Energy through the day best and worst times
Appetite food cravings or aversions	Thirst how much; cold, room temperature or hot drinks
Temperature do you tend to feel hot or cold?	Mood and stress how you feel and cope
Menstrual or hormonal health if applicable: cycle, symptoms, pregnancies, menopause	

BRIEF FAMILY HISTORY

Please describe the state of health of family members, including major illnesses. If known, note the age at which an illness started and, if deceased, the age at which your relative died.

Father	Mother
Father's mother	Mother's mother
Father's father	Mother's father
Brothers and sisters	Your children
Other family information	

DISCLOSURE AND AGREEMENT

Before we begin working together, California law (Business and Professions Code §2053.5) asks me to tell you, in writing, a few important things about who I am and what I offer. Please read them carefully, and sign below to confirm that you have read and understood them.

- **I am not a licensed physician.** I am not a medical doctor.
- **Homeopathy is an alternative or complementary approach.** The care I offer is alternative or complementary to the healing arts services licensed by the State of California. My services are not licensed by the State of California.
- **What I offer.** I offer classical homeopathic consultations by video. In a first consultation we talk in depth about your health, history and general wellbeing. I may then recommend a homeopathic remedy, and we meet again for follow-up appointments to review progress.
- **The theory behind homeopathy.** Classical homeopathy is based on the principle of “like cures like.” A single remedy is chosen to match the whole person, including physical, emotional and general characteristics, and is given in a small, highly diluted dose. The aim is to support the body’s own natural ability to heal and find balance.
- **My training.** I hold a Diploma in Homeopathy (D.Hom) from the Los Angeles School of Homeopathy.
- **What I do not do.** I do not diagnose disease, and I do not prescribe drugs.

By signing below, I confirm that I have read and understood this disclosure, and I agree to the following:

- I will seek medical advice from a licensed medical doctor for my present and future health conditions.
- I will change or stop prescription medications only under the supervision of a medical doctor.
- I will pay for each appointment ahead, and I will pay the full charge for any appointment missed or cancelled with less than 48 hours’ notice.

You may sign by hand, or by typing your full name. Thank you. I look forward to working with you.

Signature (or typed full name)	Printed full name	Date
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