

**Center Homeopathy L.L.C.**

**Imam Toufique D.Hom**

**Classical Homeopath**

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**Personal Health Questionnaire**

*All information will remain strictly confidential. Homeopathy helps balance the whole person on a physical, emotional and mental level. Please be as open and precise as you can.*

Thank you for your trust and patience.

Please print clearly

**Date:** \_\_\_\_\_ **MaritalStatus:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DOB:M/D/Y** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Gender Identity:** \_\_\_\_\_ **Assigned at Birth:** \_\_\_\_\_ **What pronouns do you prefer?** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**MD** \_\_\_\_\_ **MD Phone:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Eye glasses/Contacts** \_\_\_\_\_ **Cosmetic Surgery:** \_\_\_\_\_

**Left/Right handed:** \_\_\_\_\_ **Other Surgery:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Pets:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Present/Current Complaint:** \_\_\_\_\_

**Pain, Where?** \_\_\_\_\_

**History & Past Treatment & Old Injuries:** \_\_\_\_\_

**Vaccinations:** \_\_\_\_\_  
\_\_\_\_\_

**Reactions to Vaccines:** \_\_\_\_\_  
\_\_\_\_\_

**What Specific Events Have Impacted or Changed Your Life:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family History** Please list all ailments: (e.g. Cancer, TB, Asthma, Heart disease)  
\_\_\_\_\_  
\_\_\_\_\_

**Personal History** Circle where appropriate. Put \* if you have this today

- |                      |                         |                   |
|----------------------|-------------------------|-------------------|
| Accidents            | Excessive eating        | Nervous breakdown |
| Addictions           | Flashes (hot/cold)      | Night sweats      |
| ADD/ADHD             | Food poisoning          | Nose bleeds       |
| Alcoholism           | Fungus                  | Numbness          |
| Allergies            | Gall bladder            | Panic attacks     |
| Anemia               | Gonorrhea               | Paranoia          |
| Angina               | Hay fever               | Paralysis         |
| Anxiety              | Head injuries           | Physical abuse    |
| Arthritis            | Headaches               | Pneumonia         |
| Asthma               | Heart disease           | Polio             |
| Bi-Polar             | Hepatitis               | Rectal problems   |
| Boils                | Herpes                  | Ringing in ears   |
| Cancer               | High/Low blood pressure | Rheumatism        |
| Candida              | HIV/AIDS                | Sciatica          |
| Carpal tunnel        | Infections              | Sexual abuse      |
| Chlamydia            | Jaundice                | Skin problems     |
| Chronic fatigue      | Kidneys                 | Spectrum/Autism   |
| Convulsions          | Liver dysfunction       | Syphilis          |
| Diabetes 1 (Diet)    | Low Libido              | TB                |
| Diabetes 2 (Insulin) | Manic depression        | Tennis elbow      |
| Drug overdose        | Meningitis              | Tingling Ulcers   |
| Drug problem         | Mental disorder         | Verbal abuse      |
| Dyslexia             | Mono                    | Vertigo           |
| Endometriosis        |                         | Warts             |
| Epilepsy             |                         |                   |

**Medication** Circle where appropriate put an \* if you are on them today

Anti-biotic	Heart	Radiation
Anti-inflammatory	Hormones	Relaxants
Anti-histamines	Laxatives	Sleeping pills
Antidepressant	Lithium	Supplements
Aspirin/Tylenol	Oral Contraceptives	Thyroid
Chemotherapy	Over The Counter	Vitamins
Cortisone	Other	
Recreational Drugs		

Specify medications or OTC \_\_\_\_\_

Duration \_\_\_\_\_ How often \_\_\_\_\_

Do you smoke Yes or No \_\_\_\_\_ If yes how much & how often \_\_\_\_\_

Do you drink alcohol Yes or No \_\_\_\_\_ If yes how much & how often \_\_\_\_\_

**Women Only** (Circle where appropriate)

Menstruation

Painful	Absent	Heavy
Light	Clots	Scanty
Late	Early	Irregular
Cramps	Bearing down	Abnormal bleeding
PMS	Abortions	Bleeding in between
Hysterectomy	Miscarriage	C - Section

Menopause	Peri-Menopause	Post menopause
Hot Flashes	Brain fog	Weight gain

Vaginal

Discharge	Dryness	Yeast
Painful urinating	Rash	Itching Warts

Breast

Lumps	Swollen	Painful
Discoloration	Discharge	Hard

How many Pregnancies \_\_\_\_\_ How many births \_\_\_\_\_

Medication \_\_\_\_\_ State of partner \_\_\_\_\_  
Emotional state \_\_\_\_\_ Was partner on Medication \_\_\_\_\_

**Men Only** (Circle where appropriate)

Premature Ejaculation	Seminal Emission	Impotence
Swelling	Discharge	Painful
Lumps	Rash	Hernia
Painful Testes	Warts	Pain when urinating
Itching		

**EMOTIONS** Indicate with numbers: **1 being mildest -1 2 3 4 5- 5 being strongest.** If it does not apply then leave blank

Affectionate	Grief	Righteous
Ambitious	Guilty	Sadness
Angry	Hold in Feelings	Secretive
Anxious	Hurried	Self-esteem
Assertive	Impatient	Self-pitying
Bossy	Independent	Sensitive
Cautious	Insecure	Sentimental
Closed	Jealous	Serious
Confidence	Lonely	Sexual
Courageous	Loss	Spiritual
Critical	Love music	Stubborn
Death	Loving	Swearing
Depressed	Motivated	Talkative
Discontented	Need company	Tense
Disorganized	Needy	Thrifty
Distrust	Non assertive	Tidy
Dogmatic	Observant	Trouble concentrating
Dullness	Obsessive	Unaffectionate
Easily	Optimistic	Unemotional
Hurt	Organized	Unforgiving
Excitable	Panic attacks	Uninterested
Fanatical	Pessimistic	Violent
Fastidious	Poor memory	Weepy
Fearful	Procrastinate	Workaholic
Flirtatious	Regretful	Worried
Forceful	Religious	
Forgetful	Resentful	
Generous	Restless	

Prefer outdoors/ indoors?	Favorite season?
Tolerate temperature change?	Favorite color?
Food desires?	Drinks desires?
Food aversions?	Drinks aversions?
Like solitude/company?	Like touch from others
Like attention when unwell?	Sleep position?

Hobbies/sports: \_\_\_\_\_

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*I.....State all information given above is to the best knowledge, all true and correct. I understand Imam Toufique D.Hom. is not a medical doctor and homeopathy is not state licensed in California. (There is no License in the State of California see SB577)*

Signed.....Date.....

## Clinic Policies

California Senate Bill SB-577, was signed by the governor in September 2002, has profound implications for the practice of alternative forms of health care in California. SB-577 enables non-licensed alternative and complementary health care practitioners to provide and advertise their services legally. However, they must also comply with certain requirements specified within the bill.

### What does Senate Bill SB-577 mean for you, the client?

**SB-577 gives you access to alternative and complementary health care practitioners.** You must be given information about the nature of treatment and the practitioner's qualifications. Feel free to ask a practitioner any question you might have about your treatment. Check to see if your practitioner has been certified by a professional membership society. In addition, tell your doctor about any alternative treatment you are pursuing. You can also request that your licensed and non-licensed health care providers communicate with each other and work collaboratively to meet your health care needs.

**SB-577 helps to protect you.** SB-577 requires non-licensed alternative health care practitioners to follow certain guidelines and restrictions. Below are the things that alternative practitioners are NOT allowed to do:

- o Perform any form of surgery or any procedure that punctures your skin or harmfully invades your body.
- o Use X-ray radiation.
- o Prescribe prescription drugs or recommending that you discontinue drugs that were prescribed by a licensed physician.
- o Set fractures.
- o Treat wounds with electrotherapy.
- o Put you at risk of great bodily harm, serious physical or mental illness, or death.
- o Imply in any way that they are licensed physicians.

In addition, non-licensed alternative practitioner MUST DO the following things:

Provide you with a statement, written in plain language that includes the following information:

- That they are not a licensed physician and that their services are not licensed by the state;
- A brief and clear description of the kind of services they provide and the reasoning behind it.
- A description of their education, training, and experience.

### **Client disclosure: Please read carefully!**

Welcome to my practice, I am a practitioner of homeopathy, I am not a licensed physician, nor are homeopathic services licensed by the state of CA. The idea behind homeopathy is that it is a natural system of medicine that uses specially prepared (FDA regulated since 1938) highly diluted doses of substances to stimulate the body's own healing mechanism. As a practitioner of homeopathy, I will provide you with the followings kinds of services:

**Initial homeopathic consultation, selection of a homeopathic remedy and follow-up consultations to evaluate treatment response.**

I have been practicing **homeopathy** since **2018**. My training and education is described below:

I have a Bachelors of Science in Information Systems and management, Diploma in Homeopathy. I lecture on Homeopathy study groups and on-line courses.

*In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. I will keep the original in my records for at least three years.*

My method of treatment is **homeopathy**, a complementary healing art, in the State of California, under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on this document.

If you have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving **homeopathic** treatment.

## Fees and Clinic Policies

- **Fees:** First consultation and two follow-ups are highly recommended to help select a proper homeopathic remedy. It is very important for any chronic health issues. First consultation take about 2 hours, and follow-ups are usually 45 minutes. Payment must be made at the time of or prior to consultation.
  - Intake consultation fee is \$180.00. Subsequent follow-ups, as needed, are \$65 each.
  - Remedy cost is between \$10 - \$45, and shipping cost is \$7. If there are special ordered remedies, you will be notified about the additional cost.
  - A returning case after 6 months is considered almost a new client(as many things might change during this period), therefore, a re-take of the case would cost \$160.
- **Payment:**Fees must be paid in full before the service. Accepted payment methods are Cash, Zelle, Venmo or PayPal.
- **Canceledandmissedappointmentpolicy:** A 48-hour cancellation notification is required, your appointment can be changed or canceled at no charge, before 48-hours of your appointment. If you miss an appointment and cancel less than 48-hours notice, you will be charged for it.
- **Time:** I book appointments just one person at a time. Your time is valuable to me. Please be courteous, if you can't make an appointment, please give me 48-hours notice, otherwise there is a charge for the missed appointment, which is the same as the fee.
- **Phone/emailconsults:**If you need an acute consult in-between, the fee is \$45 for each 20 minutes. This is not for follow up consults. If a difficult acute I may need more then 20 minutes to do research.

### Acknowledgement and Consent to Receive Services :

I have read and understand the above disclosure about the **homeopathic** treatment offered by **Imam Toufique**. I understand that he is not a licensed physician and that **his** services are not licensed by the State of California. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by **Imam Toufique** and agree to be personally responsible for the **fees of Imam Toufique** in connection with the services provided to me. I understand the office policies, cancellation polices and phone/email consult fees. Any controversy or claim arising out of, or relating to, this agreement, first need to be addressed with Imam and his clinic staff, if that issue was not settled by the clinic, then it shall be settled by arbitration in accordance with the Commercial Rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction. The client will pay for the arbitration fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Indicate capacity to sign if other than client \_\_\_\_\_ (Client/parent/conservator/guardian)

### **Consent to video and/or audio record consultations**

Homeopathic interviews are very detailed and it helps in a great deal record the interview for reference purposes and inter-staff consultation purposes. This information is strictly confidential and never published in any types of social media.

If you consent your interviews video/audio taped, please sign and date below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Indicate capacity to sign if other than client \_\_\_\_\_ (client/parent/conservator/guardian)