

Varda Wilensky CCH, RSHom(NA)
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Phone: 415.585.1940
www.VardaHome.com

To: _____
(Client)

Welcome to my practice. As you know, I am a practitioner of homeopathy. I am not a licensed physician, nor are homeopathic services licensed by the State of California.

Homeopathy addresses the full attributes and characteristics of the patient – both physical and emotional. The purpose of homeopathic interviews is to determine the homeopathic remedy for you. Homeopathic remedies work by stimulating the body's own capacity to heal. Occasionally, you may experience minor aggravation or worsening of some symptoms after taking the remedy. This is a vital part of the healing process. It is important you inform me at such occurrences.

I understand that as a homeopathic consultant, Varda Wilensky will evaluate my entire conditions based on homeopathic approach. The purpose of the interviews is to collect physical and emotional history. This information is what helps the homeopath to determine the correct remedy.

Training and Education: I have been practicing homeopathy for the past 8 years. My training and education is described below:

Pacific Academy of Homeopathy 1999-2003

Hahnemann College 2003-04

Postgraduate studies 2004-ongoing

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. You will receive a copy. I will keep the original in my records for at least (3) three years.

My method of treatment, Homeopathy, is alternative or complementary to healing arts that are licensed by 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 the attached page.

If you ever have any concerns regarding 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.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the homeopathic treatment offered by Varda Wilensky and her training and education. I have discussed the nature of the services to be provided. I understand that Varda Wilensky is not a licensed physician and that homeopathic services are not licensed by the state. 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 Varda Wilensky, and agree to be personally responsible for the fees of Varda Wilensky in connection with the services provided to me.

Client Signed*: _____ Date: _____

*Indicate capacity to sign if other than client _____

Client copy / Practitioner copy