



SQUAMISH BC

604.848.8770

info@embodyhealth.ca

www.embodyhealth.ca

106-41105 Tantalus Road
Garibaldi Highlands, BC
V8B 0H3

embody health
HOMEOPATHY

Patient Intake Form

First Name Last Name

List current health concerns:

Have you seen a MD for your current problems? Y ☐ N ☐

Have you/do you see any other 'alternative' practitioners for your current or past condition? If yes, please list the type and name of practitioner(s):

Have you taken homeopathic remedies before? Y ☐ N ☐

PAST HISTORY (please be brief)

Past Major Illnesses:

Past Hospitalizations:

Adverse reactions to medications, vaccines, etc:

MEDICATION (please list)

Current:

Past:

Vitamins, Natural therapies:

Do you smoke? Y ☐ N ☐ How much?

FAMILY HISTORY (list the age, state of health & past major illnesses - if deceased please include cause of death)

Father	
Father's Mother	
Father's Father	
Mother	
Mother's Mother	
Mother's Father	
Brothers	
Sisters	
Your Children	
Other Family Information	

PATIENT INFORMATION

Name		Email		Phone	
Address					
Date of Birth		Age		Domestic Status	
Occupation		Number of hours you work per week			
If a child name of parents					
Referred by:					
Present M.D. and Phone Number:					

I the undersigned understand that Natalie Scopaz is a homeopath trained in the classical tradition and that she is not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. In consulting with a professional homeopath I am exercising my right to choose an alternative method of treatment through which to address my total health. As homeopathy is not covered by the existing medical insurance plan, I agree to pay all fees presented in the current rate schedule:

Initial Visit	\$185 - Please allow 1 1/2 hours for the initial visit
Follow ups	\$75 - Please allow 45 min - 1 hour for follow ups

Payable by cash/cheque/credit/debit

*Missed or cancelled appointments without sufficient notice (24 hours' notice)
will be charged the full rate of the appointment.

Signature

Date