

Homeopathic Family Clinic



Jennifer Shelley, DSHM
250.285.2264 HomeopathicFamilyClinic.com
#207 Wellness Centre. 654 Harper Road,
Quathiaski Cove, BC, V0P 1N0

Major complaints in order of importance to you: _____

Cause or onset of complaint? _____

What medications are you currently taking? _____

Medication for what condition? Any adverse effects since medications? _____

What nutritional supplements are you currently taking? _____

Supplements for what condition? Any adverse effects since supplements? _____

What other treatments or therapies are you currently following? _____

Results since therapy? _____

Have you had any health problems after which you have never been totally well since? Which ones? _____

What operations have you had?
 Operation

Date

Complications

Operation	Date	Complications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you lost/gained weight lately? _____ How many pounds? _____

Do you have any allergies? if so, please list them: _____

Have you ever suffered from any of the following conditions (please check any that apply):

- | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|---|----------------------------------|
| <input type="radio"/> Abscesses | <input type="radio"/> Anemia | <input type="radio"/> Arthritis | <input type="radio"/> Asthma | <input type="radio"/> Cancer |
| <input type="radio"/> Chicken Pox | <input type="radio"/> Cold Sores | <input type="radio"/> Diabetes | <input type="radio"/> Eczema | <input type="radio"/> Emphysema |
| <input type="radio"/> Epilepsy | <input type="radio"/> Frequent Colds | <input type="radio"/> Gallstones | <input type="radio"/> Genital Herpes | <input type="radio"/> Gonorrhoea |
| <input type="radio"/> Gout | <input type="radio"/> Heart Disease | <input type="radio"/> Hepatitis | <input type="radio"/> HIV | <input type="radio"/> Influenza |
| <input type="radio"/> Kidney Disease | <input type="radio"/> Leukemia | <input type="radio"/> Lyme Disease | <input type="radio"/> Malaria | <input type="radio"/> Measles |
| <input type="radio"/> Mononucleosis | <input type="radio"/> Mumps | <input type="radio"/> Parasites | <input type="radio"/> Pelvic Inflammatory Disease | |
| <input type="radio"/> Peritonitis | <input type="radio"/> Pleurisy | <input type="radio"/> Pneumonia | <input type="radio"/> Prostatitis | <input type="radio"/> Psoriasis |

- Rheumatic Fever Rubella Scarlet Fever Sexual Abuse Skin Diseases
- Sinusitis Strep Throat Stroke Sunstroke Syphilis
- Tonsillitis Tuberculosis Typhoid Fever Venereal Warts Warts
- Whooping Cough Worms Yellow Fever
- Other: _____

Can you trace the origin of any present condition to any particular circumstance? (e.g. accident, illness, grief, mental upset etc.) _____

Any serious shock, grief, disappointment, fright, depression, etc.? _____

Family health history (please list age if alive, age at death, ailments, cause of death)

Mother: _____

Father: _____

Brothers: _____

Sisters: _____

Children: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Maternal Aunts/Uncles: _____

Paternal Grandmother: _____

Paternal Grandfather: _____

Paternal Aunts/Uncles: _____

Have you had any of the following vaccinations?

- Measles Mumps Rubella Pertussis Chicken Pox
- Flu Other: _____

Any adverse reactions? _____

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Many times your health can be influenced by your mental/emotional state. As an aid to help determine the best homeopathic remedy for you, please circle any of the following characteristics that describe you best. Please bring the profile with you to your first appointment along with your pre-consultation intake form.

- | | | | | |
|--------------------------------------|--|-------------------------------------|---|------------------------------------|
| <input type="radio"/> Animated | <input type="radio"/> Playful | <input type="radio"/> Sociable | <input type="radio"/> Convincing | <input type="radio"/> Refreshing |
| <input type="radio"/> Spirited | <input type="radio"/> Promoter | <input type="radio"/> Spontaneous | <input type="radio"/> Optimistic | <input type="radio"/> Funny |
| <input type="radio"/> Delightful | <input type="radio"/> Cheerful | <input type="radio"/> Inspiring | <input type="radio"/> Demonstrative | <input type="radio"/> Mixes easily |
| <input type="radio"/> Talker | <input type="radio"/> Lively | <input type="radio"/> Cute | <input type="radio"/> Popular | <input type="radio"/> Bouncy |
| <input type="radio"/> Brassy | <input type="radio"/> Undisciplined | <input type="radio"/> Repetitious | <input type="radio"/> Forgetful | <input type="radio"/> Interrupts |
| <input type="radio"/> Unpredictable | <input type="radio"/> Haphazard | <input type="radio"/> Permissive | <input type="radio"/> Angered easily | <input type="radio"/> Naive |
| <input type="radio"/> Wants credit | <input type="radio"/> Talkative | <input type="radio"/> Disorganized | <input type="radio"/> Inconsistent | <input type="radio"/> Show-off |
| <input type="radio"/> Loud | <input type="radio"/> Scatterbrained | <input type="radio"/> Restless | <input type="radio"/> Changeable | <input type="radio"/> Adventurous |
| <input type="radio"/> Persuasive | <input type="radio"/> Strong-willed | <input type="radio"/> Competitive | <input type="radio"/> Resourceful | <input type="radio"/> Self-reliant |
| <input type="radio"/> Positive | <input type="radio"/> Sure | <input type="radio"/> Outspoken | <input type="radio"/> Forceful | <input type="radio"/> Daring |
| <input type="radio"/> Confident | <input type="radio"/> Independent | <input type="radio"/> Decisive | <input type="radio"/> Mover | <input type="radio"/> Tenacious |
| <input type="radio"/> Leader | <input type="radio"/> Chief | <input type="radio"/> Productive | <input type="radio"/> Bold | <input type="radio"/> Bossy |
| <input type="radio"/> Unsympathetic | <input type="radio"/> Resistant | <input type="radio"/> Frank | <input type="radio"/> Impatient | <input type="radio"/> Proud |
| <input type="radio"/> Unaffectionate | <input type="radio"/> Headstrong | <input type="radio"/> Argumentative | <input type="radio"/> Nervy | <input type="radio"/> Workaholic |
| <input type="radio"/> Tactless | <input type="radio"/> Domineering | <input type="radio"/> Intolerant | <input type="radio"/> Stubborn | <input type="radio"/> Rash |
| <input type="radio"/> Manipulative | <input type="radio"/> Short-tempered | <input type="radio"/> Rash | <input type="radio"/> Crafty | <input type="radio"/> Analytical |
| <input type="radio"/> Persistent | <input type="radio"/> Self-sacrificing | <input type="radio"/> Considerate | <input type="radio"/> Respectful | <input type="radio"/> Sensitive |
| <input type="radio"/> Planner | <input type="radio"/> Scheduled | <input type="radio"/> Orderly | <input type="radio"/> Faithful | <input type="radio"/> Detailed |
| <input type="radio"/> Cultured | <input type="radio"/> Idealistic | <input type="radio"/> Deep | <input type="radio"/> Musical | <input type="radio"/> Thoughtful |
| <input type="radio"/> Loyal | <input type="radio"/> Caretaker | <input type="radio"/> Perfectionist | <input type="radio"/> Behaved | <input type="radio"/> Bashful |
| <input type="radio"/> Unforgiving | <input type="radio"/> Resentful | <input type="radio"/> Fussy | <input type="radio"/> Insecure | <input type="radio"/> Unpopular |
| <input type="radio"/> Hard to please | <input type="radio"/> Pessimistic | <input type="radio"/> Alienated | <input type="radio"/> Negative attitude | <input type="radio"/> Withdrawn |
| <input type="radio"/> Too sensitive | <input type="radio"/> Depressed | <input type="radio"/> Introvert | <input type="radio"/> Moody | <input type="radio"/> Skeptical |
| <input type="radio"/> Loner | <input type="radio"/> Suspicious | <input type="radio"/> Revengeful | <input type="radio"/> Critical | <input type="radio"/> Adaptable |
| <input type="radio"/> Peaceful | <input type="radio"/> Submissive | <input type="radio"/> Controlled | <input type="radio"/> Reserved | <input type="radio"/> Satisfied |
| <input type="radio"/> Patient | <input type="radio"/> Obliging | <input type="radio"/> Friendly | <input type="radio"/> Diplomatic | <input type="radio"/> Consistent |
| <input type="radio"/> Inoffensive | <input type="radio"/> Dry humour | <input type="radio"/> Mediator | <input type="radio"/> Tolerant | <input type="radio"/> Listener |
| <input type="radio"/> Contented | <input type="radio"/> Permissive | <input type="radio"/> Balanced | <input type="radio"/> Blank | <input type="radio"/> Fearful |
| <input type="radio"/> Unenthusiastic | <input type="radio"/> Reluctant | <input type="radio"/> Fearful | <input type="radio"/> Indecisive | <input type="radio"/> Plain |
| <input type="radio"/> Uninvolved | <input type="radio"/> Hesitant | <input type="radio"/> Aimless | <input type="radio"/> Nonchalant | <input type="radio"/> Worrier |
| <input type="radio"/> Timid | <input type="radio"/> Doubtful | <input type="radio"/> Indifferent | <input type="radio"/> Mumbles | <input type="radio"/> Slow |
| <input type="radio"/> Lazy | <input type="radio"/> Sluggish | <input type="radio"/> Reluctant | <input type="radio"/> Compromising | |



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PLEASE READ THE FOLLOWING CAREFULLY *If under 18 years old, a parent or guardian must sign
I, _____ the undersigned, understand that Jennifer Shelley is not a medical doctor, but instead a Homeopath. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with Jennifer Shelley, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate homeopathic treatment at any time if so inclined. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative method of treatment, in homeopathy, that addresses my health in its entirety.

FEE SCHEDULE: (Payment Options: Cheque, Cash)

I agree to pay all fees incurred as presented in the current rate schedule below. (Rates are subject to change)

Chronic Cases:

- Initial Visit: **\$130**
- Follow-up Visits: **\$90**

Acute Cases: Colds, flus, healing after surgery or injury

- Initial Visit: **\$60**
- Follow-up Visits: **\$40**

Pediatric Cases (children under 12 years)

- Initial Visit: **\$90**
- Follow-up Visits: **\$60**

The above price list includes the consultation and remedy fees.

Remedy Refills (without visit if applicable):

- **\$15 / bottle**

Patient Name (Please Print): _____

Patient Signature: _____

Date: _____