



Consent for Homeopathy Treatment

Because homeopathy views health and wellbeing in a holistic manner, consultations include a comprehensive intake that carefully evaluates symptoms on the mental, emotional, and physical level. In addition to the presenting symptoms, clients will be asked about their temperament, personal habits, likes/dislikes and unique outlook on life. Providing this information will allow the homeopath to understand each client as an individual, and to provide the most appropriate means of care. This view differs from most conventional approaches, which typically limit concerns to the individual symptoms and their treatment. The goal of homeopathic treatment is to strengthen the constitution of the whole person, which results in alleviation of symptoms and an overall increase in health.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except when disclosure is required by law. (Disclosure may be required in circumstances such as: a reasonable suspicion of child or elder abuse or a reasonable suspicion that a client presents a danger to him/herself or others.)

CONSULTATION

I authorize discussion of my case notes with other homeopaths and/or health care professionals should assistance in remedy selection and/or case analysis be necessary (for me or my child) or if my best interest is served by such a consultation. In so doing, my right to privacy will be protected by withholding my name and all other identifying information.

CONSENT

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/my child. I understand that Jenna Dodge is providing a homeopathic evaluation / recommendation and is not equivalent to care by a medical doctor. It is, therefore, recommended that I retain the services of my primary care physician for appropriate evaluations and check-ups for myself/my child. I further understand that Jenna Dodge does not diagnose, treat, or prescribe for any particular symptoms, diseases, or conditions. I understand that they will work to increase my (or my child's) general vitality and overall constitutional strength.

Name _____ Signature _____ Date _____

Name of Client (if under 18) _____