

Shelly Garrison, CCH
Client Contact Information & Disclosure

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Phone / Cell / Text : _____

Email Address: _____

Address: _____

City, State, Zip Code : _____

Occupation: _____

Referred by: _____

Responsible Party (Parent or Caregiver):

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Emergency Contact: _____ Relationship: _____

Acknowledgement

The homeopathic service you have requested acts upon your constitution and biophysical healing mechanisms. Law prohibits homeopathic practitioners from diagnosing or treating disease. In the USA, Homeopathy is not licensed and the homeopath is not a licensed medical physician. The homeopath is educated in the science and art of Homeopathic treatment defined in the Organon of Medicine, by S. Hahnmann, MD. The work of Shelly Garrison Homeopathy, CCH is in compliance with the law and the Health Freedom Act of California, Senate Bill 577, Section 2053.6. I hold the designated title, CCH, Certified Classical Homeopath. My casework maintains continual review by Dr. Jose Issac, (MD Hom) for ongoing colleague support, study and work collaboration in our field.

“It is my preference to use the homeopathic services provided by Shelly Garrison Homeopathy, CCH. I understand that her services are not the same as allopathic medical treatment, that the homeopath is not a licensed medical physician, and that she works as a trained and certified professional practitioner.”

I acknowledge that I have read and agree to Shelly Garrison's policies and understand that I am responsible for the associated fees when I receive her services.

Name (PRINT) : _____ Self / Parent / Guardian

Sign: _____ Self / Parent / Guardian

Date: _____