

## ADULT MEDICAL HISTORY FORM

The Northwest Center for Homeopathic Medicine  
Dr. Robert Ullman and Dr. Judyth Reichenberg-Ullman

**Please complete this form and return to us before your first appointment along with a current photo of yourself that we can keep.** Your doctor will review this information during your first appointment. Bring with you any nutritional supplements and medications that you may be taking.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Referred By \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Fax: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse/Significant Other \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ Phone \_\_\_\_\_

Insurance information (only if it covers our care) \_\_\_\_\_

\_\_\_\_\_

What brings you to consult us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Significant health concerns and when they began (if not mentioned above)

1.

2.

3.

4.

Why did you choose homeopathic care?

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Is there anything about your life that you are unhappy about or would like to change?

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On a scale of 1 to 10, how would you rate your current level of:

1. physical energy and vitality
2. mental and emotional well-being

Have you experienced any significant traumas in your life? If so, what?

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What have been the most difficult experiences or challenges? \_\_\_\_\_

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Significant past health problems, accidents, hospitalizations or surgeries? (include dates)

1.

2.

3.

4.

Family history of serious illnesses? (who and what) \_\_\_\_\_

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Please include the following information on a separate sheet:

1. List of current medications and nutritional supplements (include dosages).
2. If you are seeing other physicians, please include their names and addresses.
3. Any upcoming diagnostic testing or medical or dental treatment?
4. Anything else you would like us to know about you?

**OFFICE POLICIES**  
**THE NORTHWEST CENTER FOR HOMEOPATHIC MEDICINE**

**Payment**

I am directly responsible for prompt payment of all charges incurred while I am under the care of Drs. Ullman or Reichenberg-Ullman. I understand that all payments are due at the time of service or, in the case of a phone consultation, immediately afterwards. Payment for the first appointment is due at the time it is scheduled. I will pay all fees by cash, check, Visa, or Mastercard. I understand that \$20 will be charged for any returned checks and that a \$5 handling fee will be added monthly to any outstanding balance not paid within 30 days of service. I realize that you do not routinely send bills and that I am responsible for paying at the time of or immediately after each appointment. If my account is turned over to collections for nonpayment, I am responsible for all collection and attorney's fees.

**Cancellations and Missed Appointments**

**I understand that appointments cancelled less than 48 hours in advance will be charged at one-half of the full appointment fee except in cases of emergency. Appointments cancelled less than 24 hours in advance and no-shows will be charged at the full appointment fee. This includes the first visit.** It is my responsibility to keep track of my appointments, whether or not I receive a courtesy reminder call. I leave a message at any time if I need to cancel or reschedule an appointment.

**Special Payment Arrangements**

If I am over 65, I qualify for a 10% discount and will request it. Any other special arrangements must be made prior to any appointment.

**Medical Records**

We keep a record of the health care services that we provide to you as a patient. You may ask us to see or request a copy of that record or for us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

I understand and fully agree to abide by the above policies.

Name of patient or guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Information for Homeopathic Patients

The Northwest Center for Homeopathic Medicine  
Robert Ullman, N.D., DHANP and Judyth Reichenberg-Ullman, N.D., DHANP

*This information is provided to help you better understand our speciality of homeopathic medical care. Please read carefully. Do not hesitate to ask us any questions.*

Homeopathic medicine uses dilute preparations of natural substances to treat the whole person. As licensed naturopathic physicians, homeopathic as well as naturopathic medicine are within our scope of practice. Initial appointments last one hour for a child and one and a half hours for an adult. Subsequent appointments are scheduled for one half hour.

I understand that, although homeopathy is safe, gentle, natural, and without the side effects of conventional medicine, reactions can occur. The most common, an aggravation, is a worsening of already existing symptoms which usually lasts several days to two weeks. It is generally a sign that the homeopathic medicine is correct and is followed by an overall improvement. I also understand that with homeopathy, as with any kind of medicine, there is no guarantee of cure.

It is clear to me that, when Drs. Ullman and Reichenberg-Ullman are unavailable, they will leave the number of their back-up homeopathic physician. If, for whatever reason, I have a medical emergency and am unable to reach Drs. Ullman or Reichenberg-Ullman or the back-up physician, I will seek care from the local emergency room.

I have had the opportunity to ask questions before beginning homeopathic treatment and have had them answered to my satisfaction. I have read and understand the previous information and give consent for myself or my child, if a minor, to be treated with homeopathic medicine by Dr. Robert Ullman or Dr. Judyth Reichenberg-Ullman.

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Patient (or Guardian) Signature

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Date