

CHILD'S MEDICAL HISTORY FORM

Dr. Robert Ullman and Dr. Judyth Reichenberg-Ullman
The Northwest Center for Homeopathic Medicine
131 3rd Ave, N Edmonds, WA 98020 (425) 774-5599

Dear Parent(s),
Please send this back to our office as soon as you have completed it along with the
"Information for Patients" and "Office Policy" forms and a photograph of your child.

Date _____ Name of Patient _____

Address

City, State, Zip _____ Age _____ Birthdate

Daytime Phone _____ Evening/Message Phone

Name of Parent(s)

Parent(s)' Address/Phone if different from above _____

In case of emergency, notify _____ Phone

Referred by _____

Insurance company and policy # (only if we are covered)

Chief health concerns:

Unusual circumstances of pregnancy or birth:

Childhood Illnesses (including accidents, surgeries, hospitalizations):

Immunization history (include any complications):

Name, address, and phone number of current pediatrician:

Family medical history:

Dietary or nursing problems:

Current medications and nutritional supplements (write on separate page if necessary):

Significant traumas in your child's life or in utero:

Current stresses in your child's life:

What is most unusual about your child?

Any other concerns or information that you would like to share?

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.

Patient (or Guardian) Signature

Date