



Little Steps Practical Homeopathy

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Client Information Form

Please complete this form before your first session. All information is kept confidential and used for educational purposes only.

Personal Information

First Name: _____ Date: _____

Last Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Check which phone number should be used for leaving messages.

Home Phone: _____ Email Address: _____

Cell Phone: _____ Work Phone: _____

Background

Occupation: _____ ☐ Retired

Interested in Homeopathy classes? ☐ Yes ☐ No

Spouse/Partner's Name: _____ Parents' Names (if client is a child): _____

Children's Names & Ages

Even if adults. Sibling names if client is a child.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

Medications

Medications presently taking and what they are for.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Acknowledgment & Consent

Please read and check each box to confirm your understanding.

- ☐ I understand that all services provided by Little Steps Practical Homeopathy are educational in nature only.
- ☐ I understand that no medical advice, diagnosis, or treatment is being provided.
- ☐ I understand that homeopathy is intended to complement, not replace, licensed medical care.
- ☐ I accept full responsibility for my own health decisions and those of my family.
- ☐ I understand that my information will be kept confidential and used only for educational purposes.

Client Signature (type full name):

(Parent/Guardian if client is under 21)