



# 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

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First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

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*Check which phone number should be used for leaving messages.*

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Background

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Occupation: \_\_\_\_\_ [ ] Retired  
Interested in Homeopathy classes? [ ] Yes [ ] No  
Spouse/Partner's Name: \_\_\_\_\_ Parents' Names (if client is a child): \_\_\_\_\_

### Children's Names & Ages

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_  
10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

### Medications

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*Medications presently taking and what they are for.*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

## Acknowledgment & Consent

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*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):

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*(Parent/Guardian if client is under 21)*