

**Maxina Ventura, Classical Homeopath  
New Client Intake Form**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Phone: day # \_\_\_\_\_ eve # \_\_\_\_\_  
Preferred calling times: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Responsible Party if not the patient: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Phone: day # \_\_\_\_\_ eve # \_\_\_\_\_  
Consent by parent to treatment if client is a child: \_\_\_\_\_

**Fees:**

Initial Homeopathy Consultation package \$ \_\_\_\_\_ Followup visit \$ \_\_\_\_\_ Focused Consultation \$ \_\_\_\_\_

**Office Policy:**

48 hours cancellation notice required or the full fee is payable.

Payment required at time of visit in cash or check

I have read and agree to honor all office policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Homeopathic Service Notice:**

I am aware that Homeopathy may be practiced as an alternative healing art in California under  
Section 2053.3 and 2053.6 of the Business and Professions

Code subject to these requirements and restrictions:

- 1) that the practitioner states s/he is not a licensed physician or health-care provider;
- 2) that homeopathic consulting is not licensed by the state;
- 3) that homeopathic consulting is not represented as nor intended to be a substitute for conventional medical diagnosis or treatment and does not diagnose or treat specific pathological conditions or disease symptoms.

**Acknowledgment:**

It is my personal choice to use homeopathic services. I understand that these services are not medical treatments and that Maxina Ventura is not a licensed physician.

I agree to pay the full amount of the charges on the date of service. I understand that there will be a full charge for missed appointments not cancelled at least 48 hours

In advance, whether scheduled to be in person, over Skype, or over the telephone.

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_