



Thank you for choosing Intero Wellness and for your interest in Homeopathic treatment.

Homeopathy is a system of medicine based on observations of the law of similars, “like cures like”. Simply, that which a substance can cause, it can cure. Samuel Hahnemann conducted experiments with Peruvian bark where quinine can be derived. He found that when a healthy person took daily doses of Peruvian bark, they developed symptoms similar to Malaria and indeed Peruvian bark given homeopathically is helpful in Malaria. Just as coffee can cause sleeplessness, given homeopathically it can be used to treat insomnia from active thoughts at night.

Homeopathy is gentle and safe. Homeopathic medicines are made from serially diluted and potentized substances, as a result the medicine has no side effects. Hahnemann found that as he diluted substances to make medicines from them, they were less likely to have side effects while still having curative properties.

Homeopathy is individualized. There is no specific medicine for particular diseases. There is however, a specific medicine for the person affected by the disease. I will take the time to take a thorough health history and details about you such as your family history, disposition and mood, diet, sleep etc. I choose a medicine for you based on the information you give me, so in order to choose a medicine that would help you the most I need as much information as you can provide. The consultations are confidential so you can express yourself frankly.

Being a Homeopathic patient requires some self awareness so here are some examples of questions I may ask about your condition: what makes you feel better or worse? What does the pain feel like? Do you feel the pain more on your left or right side? What time do you feel better or worse? How does this condition affect you and your life? etc.

I will then ask you about overall body function like body temperature, perspiration, bowel movements and urination, appetite and food cravings/sensitivities, menstruation, sleep etc.

As highlighted earlier, Homeopathy is holistic so I will ask about your personality i.e. how the illness has affected you, how you interact and respond to others, how you handle stress, your likes and dislikes, etc.

You can expect the initial consultation to be up to 2 hours and follow up consultations around 1 hour. Since this is such an individualized form of treatment, I may take a day or two to come up with a treatment plan for you so I can fully devote my time to finding the medicine that will be most specific to you.

If you have any questions or would like to fill me in on your progress in between treatments feel free to email me: info@interowellness.ca

For further reading take a look at these resources:
Timothy Dooley - Homeopathy: Beyond Flat Earth Medicine



Consent Form

I look forward to helping you with your health needs. Please fill out your intake form to the best of your ability as even the smallest details can help. Health is comprised of mental, physical and emotional factors so any information especially about stressors in these areas is greatly helpful. Your health and wellness is in your hands, decisions must ultimately be made by you. The more the practitioner understands your needs and desired outcomes, the more I can help.

Consultations are always confidential. I will not discuss your case with anyone without your consent.

Fees: Initial consultation: \$120
Initial for Child (12 and under) or seniors (65+): \$100
Follow up consultations: \$60
Acute consultation: \$25/ 30 minutes

I _____, of the following address _____, acknowledge and declare that I have the option of seeking/continuing conventional medical care from a medical doctor, and that homeopathic treatment and medical treatment are different but not mutually exclusive. I confirm that there has been no suggestion made to me by Vanessa Pizzicarola that I refrain from seeking or following conventional medical treatment and advice. Therefore, I hereby authorize my consent to treatment by Vanessa Pizzicarola.

Patient's Signature: _____ Date Signed: _____ (dd/mm/year)

Parent's Signature: _____

I further agree to pay my account after every visit unless other arrangements have been made with the practitioner. I understand that a block of time is set aside for me when I make an appointment, and as a matter of respect for the practitioner I will give 24 hours notice or otherwise be charged the full rate of the consultation.

_____ (initial)

I agree that I am seeing the homeopath in good faith and will not record our sessions in any way, neither audio nor visual, without my homeopath's and clinic management's consent. By signing this I attest that I am not seeing the homeopath in an attempt to gather information to discredit the homeopath or the homeopathic profession.

_____ (initial)

I understand that homeopathic treatment can take time, and regular follow-up is generally necessary for positive outcomes, especially in chronic conditions. I understand that I am responsible for keeping my homeopath informed on my condition and any reactions to homeopathic remedies. Like any other form of medicine or treatment I understand that there is no guarantee that treatment will be effective.

_____ (initial)



Name: _____ Age: _____

Date of Birth _____

Address:

Telephone:

Home: _____ Work: _____

Cell: _____

Email:

Contact in case of emergency: _____

phone# _____

How did you hear about us?

Major Complaints

Complaint	Since	Did any event trigger the complaint?



Current Medications

Medication	Since	Reason For Prescription

Other Treatments you are currently following

Treatment	Since	Results

Please mark which of the following conditions you've had

Abscesses	Depression	Herpes	Pelvic Inflammatory Disease	Sexually Transmitted Disease	Venereal warts	
Alcoholism	Diabetes	Kidney Disease	Peritonitis	Skin Disease	Warts	
Addictions	Emphysema	Leukemia	Pleurisy	Strep throat	Whooping Cough	
Amnesia	Epilepsy	Malaria	Pneumonia	Sinusitis	Worms	
Anemia	Gall Stones	Measles	Prostatitis	Stroke	Yeast Infection	
Arthritis	Gout	Miscarriage	Rheumatic Fever	Thyroid condition	Yellow fever	
Asthma	Hayfever	Mononucleosis	Rubella	Tonsillitis		
Autoimmune Conditions	Heart Disease	Mumps	Scarlet Fever	Tuberculosis		
Arthritis	Hepatitis	Parasites	Sexual Abuse	Typhoid Fever		



Are there any conditions after which you have never been totally well again, or which have been more severe than usual? Which ones?

What Surgeries Have You Had?

Operation	When	Complication

What Injuries Have You Had?

Injury	When	Long Term Effects

Age of First Menses (if applicable): _____ Number of Pregnancies:

Do you take or have you taken birth control medication? Hormone Replacement? Cortisone?

Any adverse effects?

Are you vaccinated? _____ Any adverse effects?



Have you lost/gained any weight lately? How many pounds?

How often do you exercise and what do you do?

How much of the following substances do you use and how often? (ex. once a week)

Tobacco _____ Alcohol _____ Coffee _____ Drugs (Non-Prescription)

Please check (✓) Which of the Following Ailments, or Any Other Major Ailments, Have Affected Your Relatives

Alcoholism	Cancer	Epilepsy	Heart Disease	Skin Disease	
Allergies	Colitis	Gonorrhea	Mental Illness	Syphilis	
Arthritis	Depression	Gout	Paralysis	Tuberculosis	
Asthma	Diabetes	Hay Fever	Pneumonia		

Have you seen a homeopath before? _____

What homeopathic remedies have you taken?

Do you take any supplements?

Supplement (vitamin or herb name)	How much do you take	Brand

Diet:

Any food sensitivities or allergies? If so, what happens when you eat these foods?



Stool/Urine:

Do you have any trouble or discomfort with stool and urination?

Sleep:

Do you have trouble sleeping?

Dreams:

Do you have/remember any dreams? Recurring dreams? If so, please list them in point form:

Notes/other information you want to mention: