**CLIENT BILL OF RIGHTS**

**Siri Homeopathy LLC**

**Monica Raina, Classical Homeopath, CCH**

**4601 Excelsior Blvd, #501, St. Louis Park, MN 55416**

**sirihomeopathy.com 952-393-9192**

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

              **1.              Degrees, training, and experience:**

*Monica Raina* has studied homeopathy at the four-year program of Northwestern Academy of Homeopathy, Minneapolis, MN. She had the opportunity to study with internationally known teachers such as Valerie Ohanian, Laurie Dack, Eric Sommerman. and Rajan Sankaran.

She has been practicing classical homeopathy since 2007.

She is a member of the Minnesota Homeopathic Association. She is a mentor and clinical instructor at the Northwestern Academy of Homeopathy, Minneapolis, MN.

In accordance with Minnesota law, I am providing you with the following notice:

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS.  THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY**.

**Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments.  If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such** **services at any time**.

**2.              Right to file a complaint.**

If you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary and Alternative Health Care Practice

Health Occupations Program

Minnesota Department of Health

P.O. Box 64882

St. Paul, Minnesota 55164-0882

              **3.              Fees for unit of service.**

Please see attached fee statement.

              I do not accept Medicare, Medical Assistance, or General Assistance Medical Care.

(Please refer to Fee Structure for payment policy).

              **4.**              **Change in services or charges.**  You have a right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.

 **5.              Summary of Practices/Services.** Please review the attached document that provides a detailed description of classical homeopathy.  If you have any questions, please ask.

**6.**              **Information about assessment and recommended service.** You have a right to complete and current information concerning my assessment and recommended service, including the expected duration of the service to be provided.  If you have any questions, please ask.

**7.              Courteous treatment.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

              **8.**              **Confidentiality of client information.** Your records and other information about you are confidential.  This information will not be released, unless you authorize release in writing, or unless release is required by law.

              **9.              Access to client records.**  You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.

**10.**              **Other available services.** If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.

              **11.**              **Change practitioners.** You have the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.

**12.              Coordinated transfer.**  If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.

              **13.**              **Refusing services.**  You have the right to refuse services or treatment, unless otherwise provided by law.

**14.**              **No retaliation.** You may assert your rights without retaliation.

**I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein, and I have had a full opportunity to ask any questions I have about this document and my rights as a client.  I understand my rights as a client.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature                                                          Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature                                               Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness                                                                                Date**

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**HOMEOPATHIC SERVICES NOTICE**

**CLIENT NAME:**

(please print)

The homeopathic services you have requested are directed at strengthening your constitution and vitality.  They are not directed at identifying, treating or preventing specific diseases.  Monica Raina is a homeopathic practitioner but is not a licensed physician.  Current laws prohibit homeopathic practitioners from diagnosing or treating disease.

If you have a medical complaint or question about your health, you should consult with a physician.

Many insurance companies do not pay for homeopathic services, and Siri Homeopathy will not be sending a bill to your insurance carrier.

**CLIENT ACKNOWLEDGEMENT:**

It is my personal preference to use the homeopathic services of Monica Raina.   I understand that homeopathic services are NOT MEDICAL treatments and that Monica Raina is not a licensed physician.

**Signature:                                                                                    Date**:

                         Client or Guarantor of Client

**Siri Homeopathy**

[sirihomeopathy.com](http://www.sirihomeopathy.com)

952-393-9192

Health History

*This information is confidential and will only be released with your signed consent.*

Date:

Name:

Date of Birth: Age:

If under age 18, parent name and address:

Sex: Male/Female/Other

Address (street, city, state, zip):

Phone (c): (h):

E-mail:

Marital status: Single/Married/Divorced/Separated/Widowed.

Education (highest completed):

Occupation (Nature of work):

Retired: Yes/No

Emergency Contact (name, phone, relationship):

Referred by:

Family Physician (name, clinic):

Other practitioners (chiropractor, osteopath, physical therapy, etc):

Main health concerns today (please list each concern and when the issue started):

**Your past medical history**

Indicate any past symptoms/condition and the dates you experienced these symptoms/conditions:

|  |  |
| --- | --- |
| \_\_\_Acne | \_\_\_Hemorrhoids |
| \_\_\_AIDS | \_\_\_Hepatitis |
| \_\_\_Alcohol/drug problems | \_\_\_Herpes |
| \_\_\_Allergies | \_\_\_Hiatal hernia |
| \_\_\_Animal Bites | \_\_\_High blood pressure |
| \_\_\_Antibiotics>1x/yr | \_\_\_High cholesterol |
| \_\_\_Amalgams/silver fillings | \_\_\_Hives |
| \_\_\_Anemia | \_\_\_Hypoglycemia |
| \_\_\_Anorexia | \_\_\_Insomnia |
| \_\_\_Anxiety | \_\_\_Kidney infection |
| \_\_\_Arteriosclerosis | \_\_\_Kidney stones |
| \_\_\_Arthritis | \_\_\_Liver disease |
| \_\_\_Asthma | \_\_\_Lyme’s disease |
| \_\_\_Back pain/strain | \_\_\_Menstrual/pre-menstrual problems |
| \_\_\_Bad breath | \_\_\_Mental illness |
| \_\_\_Binge eating/bulimia | \_\_\_Migraines |
| \_\_\_Bladder infections | \_\_\_Nervous condition |
| \_\_\_Bleeding problems | \_\_\_Neurologic condition |
| \_\_\_Blood clots | \_\_\_Overweight (20#) |
| \_\_\_Breast lumps | \_\_\_Panic attacks |
| \_\_\_Bronchitis | \_\_\_Pelvic infection |
| \_\_\_Bruising, easily | \_\_\_Peptic ulcer |
| \_\_\_Cancer | \_\_\_Periodontal disease |
| \_\_\_Cataracts | \_\_\_Pneumonia |
| \_\_\_Chemical Sensitivity | \_\_\_Prostate problems |
| \_\_\_Chicken Pox | \_\_\_Rheumatic fever |
| \_\_\_Chronic fatigue | \_\_\_Scarlet fever |
| \_\_\_Colds, frequent | \_\_\_Shingles |
| \_\_\_Colitis | \_\_\_Sinusitis |
| \_\_\_Congenital condition | \_\_\_Skin problems |
| \_\_\_Depression | \_\_\_Sleep disorder |
| \_\_\_Diabetes | \_\_\_Stroke |
| \_\_\_Ear infection, chronic | \_\_\_Syphilis |
| \_\_\_Eczema | \_\_\_Taken steroids(cortisone/prednisone) |
| \_\_\_Endometriosis | \_\_\_Thyroid problem |
| \_\_\_Epilepsy/seizures | \_\_\_Tonsillitis |
| \_\_\_Epstein Barr/Mononucleosis | \_\_\_Tuberculosis |
| \_\_\_Fibrocystic breasts | \_\_\_Bedwetting |
| \_\_\_Fibroids | \_\_\_Urinary tract infection |
| \_\_\_Gallbladder problems | \_\_\_Vaccination reaction |
| \_\_\_Glaucoma | \_\_\_Vaginitis |
| \_\_\_Gonorrhea | \_\_\_Vision problem |
| \_\_\_Gout | \_\_\_Warts |
| \_\_\_Hay fever | \_\_\_Whooping cough |
| \_\_\_Hearing Problems | \_\_\_Other |
| \_\_\_Heart attack | \_\_\_Other |
| \_\_\_Heart problems | \_\_\_Other |

Surgeries (list all surgeries and dates):

Other hospitalizations and dates:

Broken bones, traumatic injuries, concussions, accidents, along with dates:

Check items that apply to blood relatives and list the person(s) indicated (children, parents, siblings, grandparents, aunts, uncles)

|  |  |
| --- | --- |
| \_\_\_Check if family history is unknown | \_\_\_ High cholesterol/fat |
| \_\_\_Alcohol/drug problems | \_\_\_ Hormonal imbalance |
| \_\_\_Allergy/Asthma | \_\_\_Hypertension |
| \_\_\_Anemia | \_\_\_Kidney disease |
| \_\_\_Arteriosclerosis | \_\_\_Liver disease |
| \_\_\_Arthritis | \_\_\_Mental illness |
| \_\_\_Bleeding problem | \_\_\_Obesity |
| \_\_\_Cancer | \_\_\_ Sexually transmitted disease |
| \_\_\_Diabetes | \_\_\_ Skin disease |
| \_\_\_Eating disorder | \_\_\_Stroke |
| \_\_\_Epilepsy/seizure | \_\_\_Suicide |
| \_\_\_ Gastro-intestinal disease | \_\_\_Thyroid disease |
| \_\_\_ Heart disease | \_\_\_Tuberculosis |
| \_\_\_ High blood pressure | \_\_\_Other |

**Your Family**

|  |  |
| --- | --- |
| Family Age If deceased, cause of death | Children Age Conditions or N/A |
| Father |  |
| Mother |  |
| Siblings |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Review of Systems**

*Please check if you have experienced these symptoms in the last six months.*

|  |  |  |
| --- | --- | --- |
| \_\_\_Chronic fatigue | \_\_\_Dry mouth | \_\_\_Mucus in stool |
| \_\_\_Mood swings | \_\_\_Dental problems | \_\_\_Blood in stool |
| \_\_\_Chronic depression | \_\_\_Excessive salivation | \_\_\_Rectal bleeding |
| \_\_\_Trembling episodes | \_\_\_Bleeding gums | \_\_\_Abdominal pain |
| \_\_\_Light-headedness | \_\_\_Canker sores | \_\_\_Hemorrhoids |
| \_\_\_Food cravings | \_\_\_Coating on tongue | \_\_\_Frequent urination |
| \_\_\_Frequent infections | \_\_\_Chronic cough | \_\_\_Bedwetting |
| \_\_\_Night sweats | \_\_\_Bloody/yellow sputum | \_\_\_Blood in urine |
| \_\_\_Excessive sweating | \_\_\_Shortness of breath, exertion | \_\_\_Pain/burning w/urination |
| \_\_\_Swollen glands | \_\_\_Shortness of breath, night | \_\_\_Foul odor to urine |
| \_\_\_Skin rash | \_\_\_Chest pain with breathing | \_\_\_Low back pain |
| \_\_\_Headaches | \_\_\_Chest pain/pressure w/ stress | \_\_\_Loss of urine control |
| \_\_\_Seizure/convulsions | \_\_\_Chest pain/pressure w/ eating | \_\_\_Other |
| \_\_\_Poor memory | \_\_\_Chest pain/pressure w/sweating | \_\_\_Other |
| \_\_\_Difficulty concentrating | \_\_\_Chest pain/pressure w/nausea | \_\_\_Other |
| \_\_\_Fainting | \_\_\_Chest pain/pressure w/anxiety |  |
| \_\_\_Weakness | \_\_\_Chest pain/pressure at rest | MEN: |
| \_\_\_Insomnia | \_\_\_Irregular heartbeat | \_\_\_Decreased urine stream |
| \_\_\_Chills/fever | \_\_\_Heart skips beats | \_\_\_Dribbling after urination |
| \_\_\_Restlessness | \_\_\_Heart palpitations | \_\_\_Enlarged prostate |
| \_\_\_Irritability | \_\_\_Fast heart beat | \_\_\_Pus/drainage from penis |
| \_\_\_Dizziness | \_\_\_Heart murmur | \_\_\_Genital swelling |
| \_\_\_Balance problems | \_\_\_Swollen hands/feet | \_\_\_Genital rash |
| \_\_\_Numbness/tingling | \_\_\_Cold hands/feet | \_\_\_Problem w/sexual function |
| \_\_\_Change in skin/nails | \_\_\_Leg cramps at night | \_\_\_Abnormal PSA |
| \_\_\_Change in mole/wart | \_\_\_Joint pain | \_\_\_Low sperm count/infertility |
| \_\_\_Abnormal bleeding/bruising | \_\_\_Pain/fatigue in legs w/exercise |  |
| \_\_\_Change in hair loss/growth | \_\_\_Burning feet | WOMEN: |
| \_\_\_Blurred vision | \_\_\_Color change legs/feet | \_\_\_Spotting between periods |
| \_\_\_Double vision | \_\_\_Color change nails | \_\_\_Discomfort with periods |
| \_\_\_Halos around lights | \_\_\_Frequent belching | \_\_\_Change in cycle |
| \_\_\_Tearing/itching of eyes | \_\_\_Pain relieved by eating | \_\_\_Vaginal discharge |
| \_\_\_Eye pain | \_\_\_Difficulty swallowing | \_\_\_Painful intercourse |
| \_\_\_Loss of vision | \_\_\_Pain/discomfort w/eating | \_\_\_Infertility |
| \_\_\_Loss of hearing | \_\_\_Nausea/vomiting | \_\_\_Problem w/sexual function |
| \_\_\_Ringing/buzzing in ears | \_\_\_Trouble with fried foods | \_\_\_Vaginal itching |
| \_\_\_Sinus trouble | \_\_\_Bloating of abdomen | \_\_\_Vaginal pain |
| \_\_\_Nosebleeds | \_\_\_Bowel gas | \_\_\_Lump in breast |
| \_\_\_Bad breath | \_\_\_Diarrhea | \_\_\_Abnormal pap smear |
| \_\_\_Sore throat/strep | \_\_\_Constipation | \_\_\_Premenstrual tension |
| \_\_\_Hoarseness | \_\_\_Black stool |  |
| \_\_\_Change in voice | \_\_\_Clay colored stool |  |

**Women**

Date of last menstrual period:

Age at start of menstruation:

Number of pregnancies:

Number of live births:

Number of abortions/miscarriages:

Pregnancy complications?

Used birth control pills?

Usual length of cycle:

Usual length of period:

Is flow heavy or light?

Age at menopause:

Date of last pap smear:

Current medication (list all prescriptions and non-prescriptions including dosage):

Supplements (type and dosage):

Allergies to medications:

Food allergies (include method of testing):

List your favorite foods or cravings:

List any foods you especially dislike:

Generally, how is your appetite?

Generally, how is your thirst?

Are you now or have you ever been a smoker/tobacco user?

If so, how many years have you smoked/used tobacco?

How much?

When did you quit?

I estimate my use of coffee to be \_\_\_\_\_\_\_ cups per day.

I estimate my use of tea/other caffeinated beverage to be \_\_\_\_\_\_ cups per day.

Do you consider yourself a \_\_\_non-drinker \_\_\_social drinker \_\_\_heavy drinker \_\_\_ alcoholic

 \_\_\_ recovering alcoholic

Do you use marijuana?

Other drugs?

Do you exercise regularly?

What is your favorite type of exercise?

Do you find your work rewarding?

What are your favorite activities for relaxation/recreation?

What is your favorite type of weather? Time of year?

Do you worry about money? \_\_\_\_ job? \_\_\_\_ family? \_\_\_\_\_\_ relationships? \_\_\_\_\_\_ other? \_\_\_\_\_\_\_\_\_\_\_

Do you sleep well?

How many hours do you sleep per night?

Do you use sleep aids?

Do you have any fears?

In the past 12 months, have there been any significant changes in your life?

Personal life:

Family life:

Social life:

Work life:

Sex life:

Spiritual life:

Any other significant changes?

**Siri Homeopathy LLC**

 sirihomeopathy.com

 952-393-9192

**Hours & Scheduling:**

Appointments are available Monday through Friday, 9am to 5pm.

Please allow for 2 to 3 hours for an adult initial consultation, and up to 2 hours for a child. Follow-up appointments are usually half hour to 45 minutes, but can occasionally take up to an hour.

**Fee Schedule:**

**Initial Consultation:**

– adult (18 yrs & over): $285

– child (over 5 yrs): $235

– child (under 5 yrs): $200

**Follow-up consult:** $80

**Acute consult:** $45

You may use any method of payment that is convenient for you - cash, check, credit card, or venmo, if that is a phone application you use. For credit card payments, invoice will be sent by email through Square.

(Please check with practitioner before the appointment, for waiver/discount in case of financial constraints.)

No charge for phone calls with questions.

For cancellation, a 48-hour notice is requested. There is a cancellation fee of $45 for an initial appointment, and $25 for a follow-up.

Remedies are charged separately from the consult, and paid for directly to Minnesota Remedies (homeopathic dispensary of the Northwestern Academy of Homeopathy, Edina, MN). A remedy may range from $15 to $22, including mailing. The remedies can be picked up, or mailed from, the dispensary, after the practitioner puts in a request.

Siri Homeopathy is also a part of a co-operative called Minnesota Center for Homeopathy, minnesotacenterforhomeopathy.com

You can also find Siri Homeopathy on Facebook, with tips for using some readily available, and commonly-used remedies: [www.facebook.com/SiriHomeopathy](http://www.facebook.com/SiriHomeopathy)