

Homeopathy & Bach Flower Essence Disclosure
New Client Intake Form
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Welcome to Bach Flower Essences. As you know I, Barbara J. Pickett DD, CHom, HHP, am a Holistic Health Practitioner and not a licensed physician. It is recommended that you inform your medical doctor that you are receiving Bach Flower Essence treatment. If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me.

Theory of Bach Flower Essences: Bach Flower Essences are a systematic, scientific method of therapy that aims to promote health by reinforcing the body's own natural healing capacity. It is the practice of providing treatment of the spiritual vital force in accordance with Hahnemanian Principles through the use of remedies that are diluted beyond the concentration of substances in drinking water. The full spectrum of the Client's mental, emotional and physical aspects are vitally important as a flower essence is selected based on the totality of the symptoms expressed in these areas. Improvement will be evaluated from a full, honest report from the client in all these areas. In a curative response to a well-selected remedy, there may be a brief intensification of the presenting symptoms as the vital force is stimulated to heal.

Nature of Services The Practitioner relies on a good understanding of the Client; therefore, it is important for you to be as thorough as possible in providing information during your initial consultation.

Authorization of Consultation I authorize Barbara Pickett to discuss my case with other holistic health practitioners should she need assistance in analysis. I understand that my best interest will be served by such a consultation. In doing so, my right to privacy will be protected by changing or withholding my name and all other identifying information.

Confidentiality I understand that all information disclosed in this consultation is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse, a reasonable suspicion that the client presents a danger to him or herself or to others. Disclosure may also be required pursuant to a legal proceeding.

Acknowledgement of Information In order to use my services, it is required that you acknowledge receipt of the information provided in this form and that you sign it.

Acknowledgement and Consent to Receive Services I have read and understand the above disclosure about the Bach Flower Essence treatment offered by Barbara J. Pickett, HHP, DD, CHom, and I am aware of her training and education. I have discussed with Barbara the nature of the services to be provided. I understand that she is not a licensed physician. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Barbara J. Pickett DD, CHom, HHP and agree to be personally responsible for the fees she charges in connection with the services provided to me.

Signature _____ Date _____
Client/Parent/Conservator/Guardian

Printed Name _____