

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Referred by: \_\_\_\_\_

Present M.D.: \_\_\_\_\_

M.D. Phone: \_\_\_\_\_

I, the undersigned, understand that Roma Lahiri is a professional homeopath trained in the classical tradition and that she is not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. In consulting with a professional homeopath I am exercising my right to choose an alternative method of treatment through which to address my total health.

Signature \_\_\_\_\_

Date \_\_\_\_\_