

CONFIDENTIAL HEALTH PROFILE FORM for Cheryl Wood CCH, RSHom(NA)  
508-331-3739

[cheryl@cherylwoodhomeopathy.com](mailto:cheryl@cherylwoodhomeopathy.com)  
[www.cherylwoodhomeopathy.com](http://www.cherylwoodhomeopathy.com)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone # to Best Reach You \_\_\_\_\_  
Referred By \_\_\_\_\_ Credit/Debit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ CRV \_\_\_\_\_  
Address of Credit/Debit Card if different than above: \_\_\_\_\_

**Have you ever had: (check {x} any that apply)**

- measles, mumps, rubella     chicken pox     whooping cough     pneumonia     rheumatic fever     polio     mononucleosis  
 frequent colds or infections     tuberculosis     broken bones     head or neck injury     hay fever or asthma     thyroid problems/pain  
 recurring headaches     peptic ulcer     heart problems/pain     high blood pressure     glaucoma/cataract     liver/gall bladder disease  
 kidney problems/pain     hemorrhoids     arthritis or gout     back problems/pain     skin disorders     nervous/breakdown  
 diabetes     other \_\_\_\_\_

**Immunizations received: (check {x} any that apply)**

- polio     diphtheria/pertussis/tetanus     measles     mumps     smallpox     chicken pox     tetanus booster  
 flu vaccine     pneumonia vaccine     others (name) \_\_\_\_\_

**Do you regularly take: (check {x} any that apply)**

- aspirin     cold/hay fever medication     diet pills     laxatives or hulkling agents     cortisone     thyroid replacement  
 sleeping aids     medicinal herbs     antacids     digestive aids     estrogen replacement     other \_\_\_\_\_

**List hospitalizations or operations with dates:** \_\_\_\_\_

**List illnesses/accidents by age:** 0-10 years: \_\_\_\_\_  
11-20 years: \_\_\_\_\_  
21-35 years: \_\_\_\_\_  
36-50 years: \_\_\_\_\_  
51-65 years: \_\_\_\_\_

**Family history of your family or near relatives: (check any that apply)**

- cancer     diabetes     high blood pressure     arthritis or gout     tuberculosis     stroke     thyroid problems     kidney problems  
 heart problems     epilepsy     hay fever or asthma     depression/anxiety

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**Consent:**

I am 18 years of age and I have voluntarily chosen homeopathic consultation for myself / for my child. I understand that Cheryl Wood is not a medical doctor and it is therefore recommended that I obtain the services of a primary care physician for appropriate evaluation and check-ups for myself / for my child. I further understand that she does not diagnose, treat nor prescribe for any particular symptoms, disease or condition. I understand that she will work to increase my / my child's general vitality and constitutional strength.

**Payment:**

The client is responsible for all fees at the time of service. Payment may be made with cash, check, credit card or PayPal. Please make check payable to "Cheryl Wood". Clients who have off-site consultations are asked to keep a credit card on file with the office. A \$40 fee will be charged for any check returned to this office unpaid.

**Cancellation Policy:**

I agree to honor a 24-hour cancellation policy so others can be accommodated into the schedule. Barring any untoward emergency, I agree to pay the same fee for a missed appointment as I would for a scheduled visit.

**Emails:**

Clients may send emails to [cheryl@cherylwoodhomeopathy.com](mailto:cheryl@cherylwoodhomeopathy.com) for scheduling, questions, and other non-urgent topics. Calls are generally answered each day. Emails are answered as time allows. If there is any concern that requires prompt response, or you have not received a reply from an email in the timeframe you require, please call. Please do not contact the office via text message.

**Off-site consultations:**

Appointments are available by telephone or web audio-video conference program for clients who live outside of the geographical area.

**Confidentiality:**

All information disclosed is confidential and may not be disclosed 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 of danger to her or himself or to others.

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Signature

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Date

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