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Homeopath
Centre For Life
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Personal Health Questionnaire

All information will remain strictly confidential. Homeopathy helps balance the whole person on a physical, emotional and mental level. Please be as open and precise as you can.

Thank you for your trust and patience.

Please print clearly

Date:

Marital Status:

Name:

DOB:M/D/Y

Age:

Place of Birth:

Address:

Phone:

Email:

Contact Person:

Phone:

Gender Identity: Assigned at Birth:

What pronouns do you prefer?

Occupation:

Duration:

MD

MD Phone:

Height:

Weight

Eye glasses/Contacts

Cosmetic Surgery:

Left/Right handed:

Other Surgery:

Children:

Pets:

Referred by:

Please describe your present/current chief complaint: How and when it began and how it has progressed. Describe the nature of the symptoms, in particular the sensations experienced and anything which make the symptoms better or worse or other symptoms which occur at the same time.

Pain, Where?

History & Past Treatment & Old Injuries:

Reactions to Vaccines:

Please write as much as you can in description, the nature in terms of personality and behavior describe anything which helps to characterize you.

What Specific Events Have Impacted or Changed Your Life:

Family History Please list all ailments: (e.g. Cancer, TB, Asthma, Heart disease)

Personal History Circle where appropriate. Put * if you have this today

Accidents	Excessive eating	Nervous breakdown
Addictions	Flashes (hot/cold)	Night sweats
ADD/ADHD	Food poisoning	Nose bleeds
Alcoholism	Fungus	Numbness
Allergies	Gall bladder	Panic attacks
Anemia	Gonorrhea	Paranoia
Angina	Hay fever	Paralysis
Anxiety	Head injuries	Physical abuse
Arthritis	Headaches	Pneumonia
Asthma	Heart disease	Polio
Bi-Polar	Hepatitis	Rectal problems
Boils	Herpes	Ringing in ears
Cancer	High/Low blood pressure	Rheumatism
Candida	HIV/AIDS	Sciatica
Carpal tunnel	Infections	Sexual abuse
Chlamydia	Jaundice	Skin problems
Chronic fatigue	Kidneys	Spectrum/Autism
Convulsions	Liver dysfunction	Syphilis
Diabetes 1 (Diet)	Low Libido	TB
Diabetes 2 (Insulin)	Manic depression	Tennis elbow
Drug overdose	Meningitis	Tingling
Drug problem	Mental disorder	Ulcers
Dyslexia	Mono	Verbal abuse
Endometriosis		Vertigo
Epilepsy		Warts

Medication Circle where appropriate put an * if you are on them today

Anti-biotic	Heart	Radiation
Anti-inflammatory	Hormones	Relaxants
Anti-histamines	Laxatives	Sleeping pills
Antidepressant	Lithium	Steroids
Aspirin/Tylenol	Oral Contraceptives	Supplements
Chemotherapy	Over The Counter	Thyroid
Cortisone	Other	Vitamins
Recreational Drugs		

Specify medications or OTC

Duration: _____ How often _____
Do you smoke Yes or No _____ If yes how much & how often _____
Do you drink alcohol Yes or No _____ If yes how much & how often _____

Women Only (Circle where appropriate)

Menstruation

Painful	Absent	Heavy
Light	Clots	Scanty
Late	Early	Irregular
Cramps	Bearing down	Abnormal bleeding
PMS	Abortions	Bleeding in between
Hysterectomy	Miscarriage	C - Section

Menopause	Peri-Menopause	Post menopause
Hot Flashes	Brain fog	Weight gain

Vaginal

Discharge	Dryness	Yeast
Painful urinating	Rash	Itching Warts

Breast

Lumps	Swollen	Painful
Discoloration	Discharge	Hard

How many Pregnancies _____ How many births _____

Medication _____ State of partner _____
Emotional state _____ Was partner on Medication _____

Men Only (Circle where appropriate)

Premature Ejaculation	Seminal Emission	Impotence
Swelling	Discharge	Painful
Lumps	Rash	Hernia
Painful Testes	Warts	Pain when urinating
Itching		

EMOTIONS Indicate with numbers: **1 being mildest -1 2 3 4 5- 5 being strongest.** If it does not apply then leave blank

- | | | |
|--------------|------------------|-----------------------|
| Affectionate | Grief | Resentful |
| Ambitious | Guilty | Restless |
| Angry | Hold in Feelings | Righteous |
| Anxious | Humiliation | Sadness |
| Assertive | Hurried | Secretive |
| Bossy | Impatient | Self-esteem |
| Cautious | Independent | Self-pitying |
| Closed | Insecure | Sensitive |
| Confidence | Jealous | Sentimental |
| Courageous | Lonely | Serious |
| Critical | Loss | Sexual |
| Death | Love music | Spiritual |
| Depressed | Loving | Stubborn |
| Discontented | Motivated | Swearing |
| Disorganized | Need company | Talkative |
| Distrust | Needy | Tense |
| Dogmatic | Non-assertive | Thrifty |
| Dullness | Observant | Tidy |
| Easily | Obsessive | Trouble concentrating |
| Hurt | Optimistic | Unaffectionate |
| Excitable | Organized | Unemotional |
| Fanatical | Panic attacks | Unforgiving |
| Fastidious | Pessimistic | Uninterested |
| Fearful | Poor memory | Violent |
| Flirtatious | Procrastinate | Weepy |
| Forceful | PTSD | Workaholic |
| Forgetful | Regretful | Worried |
| Generous | Religious | |

- | | |
|------------------------------|------------------------|
| Prefer outdoors/ indoors? | Favorite season? |
| Tolerate temperature change? | Favorite color? |
| Food desires? | Drinks desires? |
| Food aversions? | Drinks aversions? |
| Like solitude/company? | Like touch from others |
| Like attention when unwell? | Sleep position? |

Hobbies/sports:

I.....State all information given above is to the best knowledge, all true and correct. I understand Avghi Constantinides D.Hom HMC RS Hom (NA) IHC MA is not a medical doctor and homeopathy is not state licensed in California. (There is no License in the State of California see SB577)

Signed.....Date.....



Office Policies

California Senate Bill SB-577, was signed by the governor in September 2002, has profound implications for the practice of alternative forms of health care in California. SB-577 enables non-licensed alternative and complementary health care practitioners to provide and advertise their services legally. However, they must also comply with certain requirements specified within the bill.

What does Senate Bill SB-577 mean for you, the client?

SB-577 gives you access to alternative and complementary health care practitioners. You must be given information about the nature of treatment and the practitioner's qualifications. Feel free to ask a practitioner any question you might have about your treatment. Check to see if your practitioner has been certified by a professional membership society. In addition, tell your doctor about any alternative treatment you are pursuing. You can also request that your licensed and non-licensed health care providers communicate with each other and work collaboratively to meet your health care needs. **SB-577 helps to protect you.** SB-577 requires non-licensed alternative health care practitioners to follow certain guidelines and restrictions. Here are the things that non-licensed alternative practitioners are NOT allowed to do:

- Perform any form of surgery or any procedure that punctures your skin or harmfully invades your body.
- Use X-ray radiation.
- Prescribe prescription drugs or recommending that you discontinue drugs that were prescribed by a licensed physician.
- Set fractures.
- Treat wounds with electrotherapy.
- Put you at risk of great bodily harm, serious physical or mental illness, or death.
- Imply in any way that they are licensed physicians.

In addition, non-licensed alternative practitioner MUST DO the following things:

- Provide you with a statement, written in plain language that includes the following information:
 - (1) That they are not a licensed physician and that their services are not licensed by the state;
 - (2) A brief and clear description of the kind of services they provide and the reasoning behind it;
 - (3) A description of their education, training, and experience.
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Client disclosure: Please read carefully!

Welcome to my practice, I am a practitioner of homeopathy, I am not a licensed physician, nor are homeopathic services license by the state of CA. The idea behind homeopathy is that it is a natural system of medicine that uses specially prepared (FDA regulated since 1938) highly diluted doses of substances to stimulate the body's own healing mechanism. As a practitioner of homeopathy, I will provide you with the followings kinds of services:

Initial homeopathic consultation, selection of a homeopathic remedy and follow-up consultations to evaluate treatment response.

I have been practicing **homeopathy** since **1995**. My training and education is described below:

I have a Bachelors of Science in Nutrition, Masters Degree in Homeopathy, Diploma in Homeopathy, Homeopathic Master Clinician, Royal Society of Homeopaths in North America, International Homeopathic Certification. I have studied with world renowned prominent homeopaths, my education continues each year with at least 2 weekend seminars annually. I teach Homeopathy, give talks to the community about Homeopathy. I am a member of National Center of Homeopathy, North American Society of Homeopaths, Association for International Homeopaths and the President of North American Network of Homeopathic Educators. Co-Founder and Director of Los Angeles School of Homeopathy, founder and director of Centre for Life, Integrative healing center, and founder Homeopathy for Life.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. I will keep the original in my records for at least three years.

My method of treatment is **homeopathy**, a complementary healing art, in the State of California, under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on this document.

If you have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving **homeopathic** treatment.

Fees, Office Policy and directions

- **Remember to bring your form filled out or emailed ahead of your appointment time.**
- **At the time of booking your initial appointment,** a credit card will be necessary to hold your appointment. Your card will be charged at the time of your appointment and not before. You can also pay via Venmo or Zelle, if arranged at the time of the appointment, payments are due at the time of service. If we ship you any remedies or order them on your behalf, we will charge you for those.
- **Cancellation policy:** Our office requires a 48-hour notification, your appointment can be changed or cancelled at no charge, before 48-hours of your appointment, after the **48-hour required notice** your credit card will be charged for the missed appointment.
- **Missed appointments:** If you miss an appointment and cancel less than 48-hours notice, your card will be charged for the same amount of the missed appointment. Please call if you can't make the follow up appointment before 48-hours.
- **Payments:** By signing below you agree to have your card on file and charged for any serviced rendered.
- **Credit card information:** Patients will be responsible for updating the credit card on file as needed throughout treatment.
- **Time:** I book appointments just one person at a time. Your time is valuable to me. Please be courteous, if you can't make an appointment, please give me 48-hours notice, otherwise there is a charge for the missed appointment, which is the same as the fee.
- **Payment:** The fee for your consultation is due at the time services are provided and will be charged accordingly.
- **First consult \$455 will last between 60-90 minutes .** If in-person appointment, give yourself time to get here, park and find the office the first time. If online appointment, just click on the link sent to you in your appointment reminder.
- **Follow-up consult \$135 will last 30 minutes.** Follow-ups are usually 4-6 weeks apart.
- **Phone/email consults:** If you need an acute consult in-between, the fee is \$45 for each 10 minutes. This is not for follow up consults. If a difficult acute Avghi may need more than 10 minutes to do research.
- **Returning:** If you have not been seen in a year your appointment will be \$175 for 45 minutes.
- **Remedies:** Most remedies are between \$7-\$30, shipping is around \$7.
- **Payment methods:** Visa, Master Card, Venmo, Zelle or Cash
- **Directions** From the 405 exit 90 freeway west, turn Right onto Lincoln which is at end of Freeway, Right on Washington Blvd, the building is on the Left side between Walgrove Ave & Redwood Ave. From the 405-exit Venice Blvd, towards the ocean, turn left on Walgrove & Left on Washington and we are on the left hand side of the street.
- It's a Victorian Building. This area is also known as Marina del Rey adjacent.
- The Building is located 3 blocks East of Lincoln, near Costco, On the North Side of the street on Washington Blvd.
- **Parking:** is on the street, some metered some not. There is also parking on Redwood and Walgrove. Please read posted signs.
- **Office:** At Building entrance please buzz "**Centre for Life**". Take the elevator to the second floor, suite 202

Thank you.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the **homeopathic** treatment offered by **Avghi Constantinides** and **Avghi Constantinides'** training and education. I have discussed with **Avghi Constantinides** or her office staff the nature of the services to be provided. I understand that she is not a licensed physician and that **Avghi Constantinides** services are not licensed by the State of California. 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 **Avghi Constantinides** and agree to be personally responsible for the **fees of Avghi Constantinides** in connection with the services provided to me. I understand the office policies, cancellation polices and phone/email consult fees.

Any controversy or claim arising out of, or relating to, this agreement, first need to be addressed with Avghi and her office staff, if that issue was not settled by the office, then it shall be settled by arbitration in accordance with the Commercial Rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction. The patient will pay for the arbitration fees.

Signed: _____

Date: _____

Print name: _____

Indicate capacity to sign if other than client _____ (Client/parent/conservator/guardian)