

MICHAELNE SEILER, RSHom (NA), CCH
Classical Homeopathy

Welcome to my practice. As you know, I am a practitioner of Classical Homeopathy. I am not a licensed physician, nor are homeopathic services licensed by the state of California. The service that I provide is based on the homeopathic philosophy of health and is not a medical diagnosis or prescription.

Homeopathic patients are treated for the totality of their symptoms, including their mental and emotional outlook. Assessment is entirely individual as it is the whole person that is treated, not an isolated condition. Classical homeopaths believe that symptoms reflect a mistunement in the vital force and that a correctly chosen remedy will stimulate the body to heal its own unique imbalance.

My training was done at the Homeopathic Academy of Southern California and I have continually advanced my education by attending professional seminars with master teachers in Vancouver, San Diego and Bombay, India since 2001.

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. You will receive a copy and I will keep the original in my records for at least three years.

Homeopathy is alternative or complementary to healing arts that are licensed by 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 the patient information sheet.

If you ever 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.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the homeopathic treatment offered by Michalene Seiler and her training and education. I have discussed with her the nature of the services to be provided. I understand that Michalene Seiler is not a licensed physician and that homeopathic services are not licensed by the state. 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 Michalene Seiler, and agree to be personally responsible for fees in connection with the services provided to me.

Signed: _____
(client/parent/conservator/guardian)

Date: _____

Print: _____