



## PERSONAL INTAKE FORM

This form is to give me a complete picture of your individual mental, emotional and physical states of health. This includes symptoms that affect both physical sensations (what does it feel like), and function (how it impacts you) and what aggravates each symptom. Please complete this form carefully. Return them by email. [bsuenatdoc@aol.com](mailto:bsuenatdoc@aol.com)

Date: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Retired \_\_\_\_\_

Employed by \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Children \_\_\_\_\_



**INSTRUCTIONS:** Please take the time to answer the questions to the best of your self-knowledge. Each question will support me to get a “whole picture” of your personal health.

**Goals:** Please define the goals that you are hoping to achieve by working with me?

**Symptom Qualifications:** List any significant illness in your family or of which you are a carrier?

**Present Symptoms:** Please write down, in detail, all of the symptoms / complaints, which you have at present?

**Pertinent Negatives:** List any drug reactions, food allergies, or any other allergies you may have?

**Past Diseases:** List all serious illnesses (e.g. hepatitis, glandular liver, malaria) you suffered in the past?



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| <p><b>Present Treatment:</b> List all Medicines (drugs, hormones, herbs, vitamins, minerals) you are currently taking?</p> |
| <p><b>Surgery:</b> List all serious operations you have undergone?</p>   |
| <p><b>Accidents:</b> List serious accidents in which you were involved where you suffered serious bodily injury?</p>       |
| <p><b>Pathological Tests:</b> List any tests results, cholesterol, thyroid, uric acid, etc.?</p>                           |
| <p><b>Blood Type / Blood Pressure:</b> What blood type are you? Do you have high/ low blood pressure?</p>                  |
| <p><b>Mental / Emotional:</b> Do you experience moments of anxiety or panic? Mood swings, depression, PMS/ PMT?</p>        |



**Female:** If female, do you have any problems with menstruation, ovarian cysts, fibrosis, and vaginal discharge/ thrush? Do you suffer period pain, lose clots, or fluid in breasts, belly etc. just before or prior to your period?

**Male:** If male, do you have any problems with prostate gland or testicles, any sexual dysfunction, low libido/ erection? Difficulty urinating, with flow reduced?

**Bowels:** Do you have regular (daily) bowel movements? Constipation? Loose or diarrhea? Stomach acid? Do you pass a lot of gas? Become bloated with gas? Do you suffer from hemorrhoids?

**Digestion:** Do you suffer from heartburn or indigestion (reflux), flatulence (gas), or bloating? Do you often crave carbohydrates? Do you feel better after you eat or if you don't eat at all? Do fatty foods, rich foods, chocolate disagree with you? Heavy feeling after eating?

**Urination:** Do you have any problems with passing urine (frequency, burning, high color/ smell, and slow/ weak flow? Ever feel burning or irritation?

**Concentration / Motivation:** Do you find it hard to sustain concentration for any time, or is your memory poor? Do you find it hard to motivate yourself or sustain motivation?



**Head:** Are you prone to headaches, migraines? Frequency, severity? Tight band around your head? Does your head ever feel fuzzy?

**Sleep:** Do you have problems sleeping, difficulty falling asleep, or waking up frequently and lying awake? Do you wake up feeling tired? Do you suffer heart palpitations or hot flushes when you lay down to fall asleep?

**Chest:** Are you prone to chest complaints like bronchitis, pneumonia, asthma, chest colds, or coughs? Do you catch colds, chest infections?

**Spine & Joints:** Do you suffer back/ neck aches, shoulder tension/ spasms, lumbago/ fibrosis's? Do you ever wake in the morning with painful, swollen, inflamed joints? Pins and needles in arms or hands?

**Sinuses:** Do you have any sinuses problems? Congestion, pressure/ aches, sinusitis? Clear, white, yellow, green? Sinus headaches?

**Nose:** Do you suffer hay fever, catarrh, rhinitis, postnasal drip or any other nasal drip?



**Tongue & Throat:** Is your tongue clean? If coated, note color? Is your tongue fissured or grooved or indented by your teeth?

**Mouth & Teeth:** Are your teeth sound? Do you have fillings, bridges, plates, crowns, root treated teeth, or dentures? Dry mouth? Suffer from frequent mouth ulcers?

**Skin:** Is your skin normal/ oily, dry? Do you have a skin disease, psoriasis, eczema, rashes, acne, etc? Does your jewelry change your skin color?

**Perspiration:** Do you perspire excessively, freely, normal, or scantily? Is it worse with exertion and or anxiety?

**Hair:** Is your hair normal, oily, dry? Excessive hair loss? Do you color your hair? Suffer from Dandruff? Scalp gets oily? Do you have split ends?

**Nails:** Are your nails strong, weak, brittle, ridged, white marks, etc. Do you bite your nails? Do you have nail fungus?



**Eyes:** Do you wear corrective glasses, lenses? Please list any eye issue or condition? Are you over sensitive to bright light? Do you have blurred vision, cataracts, and painful eyes?

**Ears:** Do you have hearing problems? Frequent ear infections? Balance disturbances, etc?

**Muscle & Nerve:** Do you suffer from sharp shooting pains in the head, neck, face, limbs, or twitching in the face or eye muscles?

**Cigarettes & Alcohol:** Do you smoke? Do you drink frequently?



## About Homeopathy

Homeopathy is a medical philosophy that has been practiced for over 200 years, developed by Dr. Samuel Hahnemann as an approach to healing that worked with the person's body to encourage the body to heal itself. Homeopathic Medicine is based on the laws of cure; likes cures likes; The minimum and infinitesimal dose; and Healing takes place from within to without, from top to bottom and last symptoms are cured first, and finally, but also important "The Totality of Symptoms".

Dr. Samuel Hahnemann lived over 200 years ago, and was a trained medical of his time. He got discouraged with the medical practices of the period. Blood letting, purging, blistering were not only brutal and invasive but he believed it further weakened the human body and in fact made healing less likely. Early in his career he switched his field into chemistry, and then back to medicine. To support his large family he took to translating the medical books of the era into different languages.

In nature, two similar diseases cannot co-exist within the human body. People who had scurvy or kidney failure when the Bubonic Plague hit Europe did not catch the plague. Milkmaids with active Cowpox did not get Smallpox and people with Malaria did not contract Syphilis, In fact a trip to the tropics was often suggested for people with active Syphilis in hopes they would contract Malaria that would displace the disease they had.



With this knowledge, Samuel Hahnemann set out “proving” the known medical substances for their effects on the healthy human body. He administered to himself Chincona {Quinine} and noted the results, he developed most of the symptoms of Malaria, and indeed Chincona was the medicine used to ‘cure’ Malaria. With the help of healthy volunteers, Samuel Hahnemann tested his medical substances and recorded the symptoms exhibited. He concluded that medical substances would “cure” in a sick person those same symptoms that the medicine caused in a healthy person. Thus the principal that Likes cure Likes. This is still a major part of our philosophy today.

The drawback to this law was that the medicinal substances even though curing the natural disease, often had terrible side effects and often even caused disease themselves, thus the patient trades a natural disease for a medicinal disease. So, Samuel Hahnemann started diluting his medicines to see how little of a medicinal substance he could give, and still effect a cure without the debilitating side effects. This led to the principal of the smallest possible dose or the ‘infinitesimal dose’. Much to Hahnemann’s surprise and to our benefit medicines actually became more efficient and more effective when they were diluted and energized, side effects decreased dramatically and no lasting “medicinal disease” ensued.

Today the principals Samuel Hahnemann formulated still hold true and have been successfully used by homeopaths for almost 200 years. Unlike allopathic medicines, homeopathic principals are unchanged. So homeopathy is a fixed medicinal science. Any deficiency lays in the perscriber, not in the science or the medicine.



## **Conventional Medical Treatment:**

If you are currently under the care of a medical doctor, I would ask you to keep in close touch with him/her during your homeopathic treatment. Homeopathic treatment moves very slowly as it stimulates the body to heal itself, usually a slow process. You did not become ill overnight, and there are no magic cures implied, or to be expected from homeopathy.

You will never be asked to do without your allopathic prescription medicine. If your medical doctor has prescribed medicine for you and you feel you no longer need to it the decision, of course, is yours. I strongly suggest you revisit your medical doctor if you wish to go off his medicines.



## Using homeopathic medicines:

While using Homeopathic Medicines, please avoid strong odors and solvents. Usually it is best to avoid all stimulants, coffee etc. and stay away from camphor, cleaning solvent, artificial sweeteners and even the mint family. Use baking soda toothpaste without flavoring. Be sure to get plenty of sleep, and rest when needed. Carry a diary to note your symptoms, state of mind, and the times of day when your condition is worse or better.

When starting Homeopathic treatments occasionally there is a slight worsening of the physical symptoms [for a few hours] this will pass.

Hahnemann's LM potency method can be smooth and free from symptoms worsening. You should feel better overall. If you feel a lot worse call me immediately no matter what time of the day or night.

If homeopathy has helped you, please spread the word so others may also get the help if they so choose. I have also included an information sheet on homeopathy; feel free to ask any question you want.

I am a graduate of: The British Institute of Homeopathy,

Cygnets House, Market Square,  
Staines, Middlesex  
TW18 4RH  
England  
Telephone: 011-441784-  
440467  
Fax: 011-441-784-449887

Barbara Sakota, Homeopath  
13052 Signature Point #50  
San Diego, CA 92130  
858.509.0890  
[bsuenatdoc@aol.com](mailto:bsuenatdoc@aol.com)



## Consultation Fees:

My consultation fee is currently \$95.00 an hour. The initial consultation can be up to three hours long. Initial consultations are \$150.00 for this visit if it is within my homeopathic consultation hours. Follow up visits during consultations hours are \$50.00 per half an hour. Phone calls are normally without charge for the first five minutes, after that usual hourly fee will apply.

Homeopathic Medicine is very time consuming. Besides the consultation time, I often spend an equal or greater amount of time on research relating to your individualized case. This usually comprises a literature search of classical works and the known professional literature of today.



## DISCLAIMER

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I realize that I have the right to make decisions about my body and my medical condition. In exercising that right I have chosen to explore Sakota Homeopathy as a complimentary and alternative medical practice.

I, \_\_\_\_\_, residing at

\_\_\_\_\_ have chosen to consult with Barbara Sakota regarding the use of Homeopathic Medicines.

I realize that Barbara Sakota is a graduate of the British Institute of Homeopathic Medicine. I also realize that Barbara Sakota is not a medical doctor, so my consultation with her is for informational purposes only. Homeopathic medicine does not diagnose nor treat named diseases. If I chose, I have the right to take the homeopathic medicines that might indicated for my condition, I realize taking such medicines may or may not help my condition. I realize there are not guarantees of a cure and no guarantees that my symptoms will lessen or improve. I will not hold Barbara Sakota responsible for a worsening of my current conditions or any new ones that may arise. I realize that I am under no obligation to use this or other medicines, or to purchase this medicine from Barbara Sakota or her business, and I am free to purchase said medicines, if I choose to take them, anywhere I want.

I am not expected to, nor will it be demanded, or suggested to me to stop taking my prescription medicines. If I choose to discontinue taking my prescription medicines, Barbara Sakota strongly suggests I contact my medical doctor for proper monitoring.

I also certify that I have read the attached papers about homeopathic medicines; I have taken it with me for future reference.

Signature (or parent) \_\_\_\_\_



## Practitioner Collaboration Permission Form

Please fill in your name and signature and email back with a copy in the mail of your original signature. If you would like to include other practitioners, please list them here.

I, \_\_\_\_\_ give my permission for the practitioners at \_\_\_\_\_ and at Sakota Homeopathy to discuss details, collaborate, share resources with the intention of gathering the best suited concepts and resources for my education and direction. I extend this permission particularly to Sakota Homeopathy.

I would like you to contact my existing practitioners. Please list their names, phone numbers and the purpose of their work in your life. To work instead of \_\_\_\_\_ or in addition to \_\_\_\_\_ Sakota Homeopathy.

Please list Practitioners:

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I authorize that a return email is sufficient for this purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_