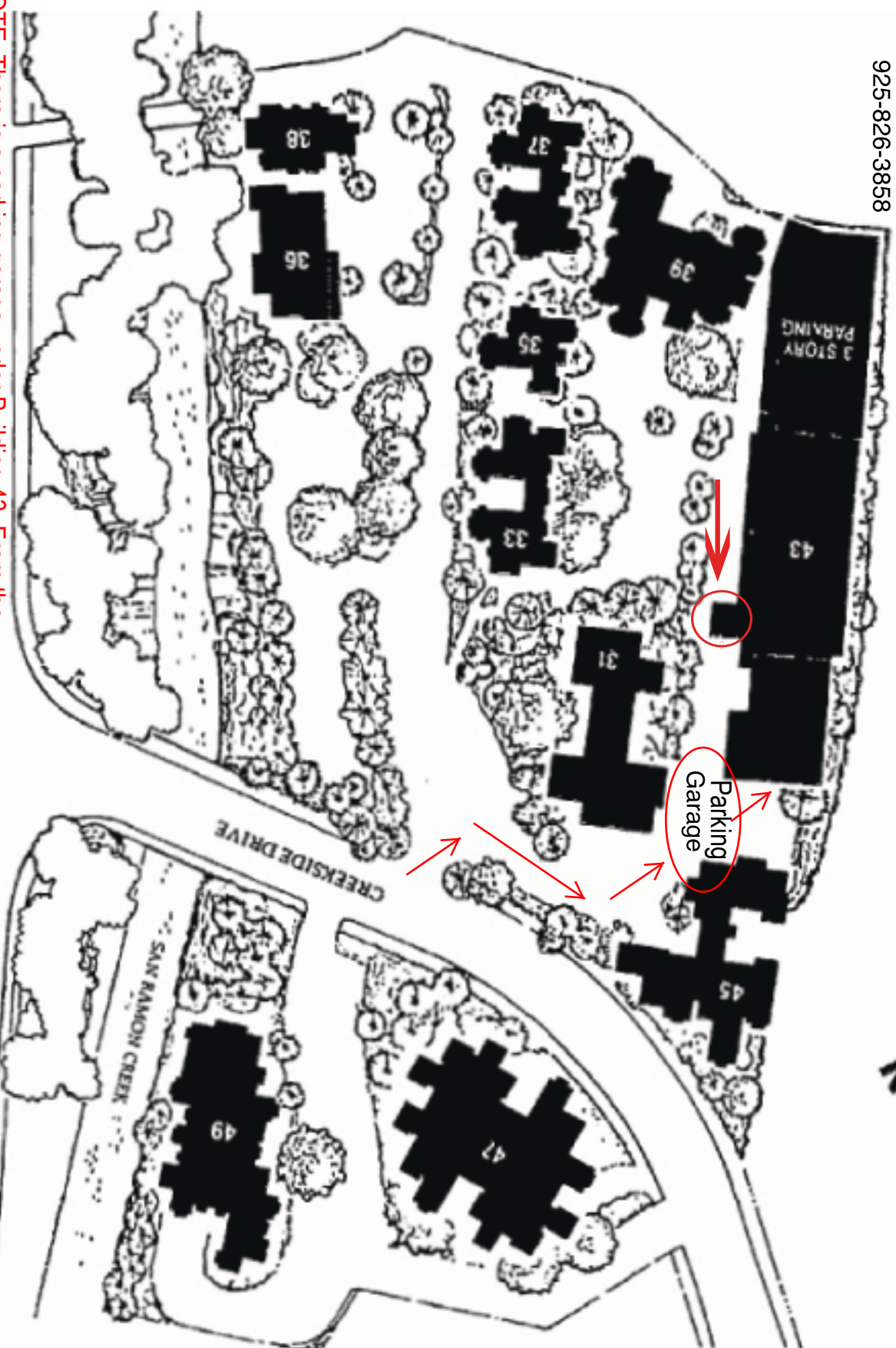


Myra Nissen, CCH, RSHom(NA)  
43 Quail Court Suite 102  
Walnut Creek CA 94596  
925-826-3858

# Quail Court Office Park

Walnut Creek, California



**NOTE:** There is a parking garage under Building 43. From the garage take the elevator to the first floor. My office is just to the right of the elevator. This is the easiest way to find the office.

SOUTH MAIN STREET ← Newell Ave.  
Fwy. 680 S. Main St. Exit →

Certified Classical Homeopath

**NEW ADULT CLIENT REGISTRATION FORM**

**Date of First Appointment** \_\_\_\_\_

**Patient Information**

**Today's Date** \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

City, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

email \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_

Usual Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**Payment Arrangements**

Payment Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card \_\_\_\_\_ No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

For all clients, we require that a credit card number be provided to be kept on file.

Missed appointments: If you are not able to make your scheduled appointment, please call to reschedule 48 hours in advance of the appointment. If you miss your appointment and have not called the office to cancel or reschedule with in 48 hours of the appointment, a credit card charge of \$95 be applied as a cancellation fee.

Refund policy: All services are provided in good faith. There are no refunds given for services provided. Orders: a deposit equal to half the amount of the order shall be collected at the time of the order. There are no refunds for products unless an item is damaged or defective.

All information is regarded as confidential in agreement with federal, state and local laws.

I have read the above information in the New Adult Client Registration document for homeopathic and understand and agree to the above terms and conditions as a client.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Additional forms on file:

Specify other:

Client Questionnaire

\_\_\_\_\_

Client Disclosure

Welcome

CLIENT QUESTIONNAIRE

Name:			
Address:	City:	State:	Zip:
Home Phone: ( )	Work Phone: ( )	email:	
A personal & confidential message may be left at this phone no. ( )			
Marital Status (circle one): S M Part. D W Sep. Number of Children:			
Age:	Date of Birth:	Height:	Weight:
Occupation (adult):			
Referred By:			
If Child, Parent's/Guardian's Name:			

MAJOR COMPLAINTS IN ORDER OF IMPORTANCE FOR YOU:

COMPLAINT	SINCE	CAUSES

ARE YOU CURRENTLY TAKING ANY MEDICATION? PLEASE LIST (USE ADDITIONAL PAPER IF NEEDED)

MEDICATION/SUPPLEMENTS	SINCE	ADVERSE EFFECTS

WHAT OTHER TREATMENTS OR REGIMES ARE YOU CURRENTLY FOLLOWING?

TREATMENT OR REGIME	SINCE	RESULTS

WHICH OF THE FOLLOWING CONDITIONS HAVE YOU HAD?

<input type="checkbox"/>	Abscesses	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Syphilis
<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Herpes Genitalia	<input type="checkbox"/>	Parasites	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Amnesia	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Pelvic Inflammatory Disease	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>	Typhoid Fever
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Gall Stones	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>		Skin Disease	<input type="checkbox"/>	Venereal Warts	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Goiter	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	Peritonitis	<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>	Warts
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Pleurisy	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Whooping Cough
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Gout	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Sunstroke	<input type="checkbox"/>	Worms
<input type="checkbox"/>	Cold Sores	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Prostatitis	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Yellow Fever

Any other major conditions? \_\_\_\_\_  
 Are there any of the preceding conditions after which you have never been totally well again, or which have been more severe than usual? \_\_\_\_\_  
 What operations have you had and when? Any complications? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT MAJOR INJURIES HAVE YOU HAD?

INJURY	WHEN	LONG TERM EFFECT

Age of first menses: \_\_\_\_\_ Number of Pregnancies: \_\_\_\_\_

What vaccinations have you had? \_\_\_\_\_

Any adverse effects? \_\_\_\_\_

Have you lost any weight lately? How many pounds? \_\_\_\_\_

What exercise do you do and how much? \_\_\_\_\_

How much of the following substances are you using:

Tobacco: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Coffee: \_\_\_\_\_ Recreational Drugs: \_\_\_\_\_

INDICATE BELOW, WHICH OF THE FOLLOWING AILMENTS, OR ANY OTHER MAJOR AILMENTS HAVE AFFECTED YOUR RELATIVES:

Alcoholism		Asthma		Diabetes		Gout		Insanity		Skin Diseases	
Allergies		Cancer		Epilepsy		Hay Fever		Paralysis		Syphilis	
Arthritis		Depression		Gonorrhea		Heart Disease		Pneumonia		Tuberculosis	
RELATIVE		AGE IF ALIVE	AGE AT DEATH	AILMENTS							
Mother											
Father											
Brothers											
Sisters											
Children											
Maternal Grandmother											
Maternal Grandfather											
Maternal Aunts/Uncles											
Paternal Grandmother											
Paternal Grandfather											
Paternal Aunts/Uncles											
Other											

Are you currently under the care of another physician(s)? For what condition? What has your treatment been? \_\_\_\_\_  
 \_\_\_\_\_

Have you used homeopathy before? When and for what conditions? \_\_\_\_\_  
 \_\_\_\_\_

FOR THE FOLLOWING LIST OF FOODS, INDICATE WHICH YOU REALLY LIKE, DISLIKE STRONGLY OR WHICH YOU CANNOT EAT:

WRITE NO. 1 TO 3 BESIDE THE FOODS YOU LIKE (3 BEING THE STRONGEST)  
 CIRCLE 1-3 TIMES FOR FOODS YOU DISLIKE  
 WRITE AN "X" THROUGH FOODS YOU CAN NOT EAT, ADD ANY FOODS NOT LISTED

SWEETS	CHOCOLATE	SALTY FOODS	SPICY FOODS	EGGS		
SOUR FOODS: VINEGAR ____, DRESSINGS ____, PICKLES ____						
DAIRY PRODUCTS: CREAM ____, BUTTER ____, CHEESE ____, ICE CREAM ____, MILK ____, YOGURT ____						
MEAT: PORK ____, BEEF ____, CHICKEN ____, FAT ON MEAT ____						
RICH FOODS: CREAM SAUCES						
TEA	COFFEE	BEER	WINE	SPIRITS	COLD DRINKS	WARM DRINKS
FRUIT:						
VEGETABLES:						
ANY OTHER FOOD OR DRINK:						

What type of weather do you like and dislike? Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What things give you the most pleasure in life? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What things give you the most displeasure? Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any fears and phobias you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you sleep well? If not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any characteristic dreams you have now or had in the past. Include dreams which are/were vivid, recurrent or seemed important to you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name:	
Address:	
Home Phone: (    )	Work Phone: (    )
Relationship	

**Physician Information:**

Name:
Address:
Phone: (    )
<input type="checkbox"/> Please send a report of each visit sent to my doctor.

Signature of Client: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Parent or Guardian if client is a minor: \_\_\_\_\_ date: \_\_\_\_\_

## **Office Policies**

### Office Hours

My office hours in **Walnut Creek** are 9:00 AM till 5:00 PM on Tuesdays, Thursdays, Fridays by appointment. My office is open at other times and on Saturday and Mondays by appointment only. Appointments in the Benicia office are by appointment.

House calls are available for established clients by arrangement and are subject to travel fee.

### Phone Calls

My call-in time is 7 AM to 7:30 AM on Monday, Tuesday, and Wednesday. During this time all my current clients can call my direct number 925.289.9388. All phone calls during the call-in hour are free of charge. Calls at times other than call-in hour should be made to my office nos. 925.826.3858 or 707.750.4455.

All other phone calls will be returned not later than the end of the next business day. There is no charge for phone calls lasting five minutes or less. Phone consultation rates apply for calls on the weekends and holidays. More than one call any one incident of acute care is considered a phone consultation and will be charged accordingly. Phone consultations by appointment are \$15 for 15 minutes.

### E-mails

I answer emails as time allows. If you have a problem or concern the best way to reach me is by phone. Emails requiring more than two sentence reply are subject to a fee of \$3 minute.

### Cancellation and no-show policy

Please call my assistant at 925.465.2244 or change or cancel an appointment. A charge of \$95 will be billed for all missed appointments or appointments cancelled with less than 48 hours in advance.

### Payment

Payment is due at the time of service by check, cash, Visa or MasterCard.

Payments for all phone consultations and missed appointments are due the date of the appointment. A \$30 late fee will apply for all invoices for products 30-days past due. A charge of \$25 will be added for all returned checks.

### Product Orders

Please call my assistant at 925.465.2244 for any questions regarding orders. Orders for supplements, gemmotherapy, and other products will be made each month on the second Friday of the month. If you anticipate needing additional products, please contact me at least two days before the order date. All sales are final.

Many products are available to my clients at a discount through Emerson Ecologics. Clients have access to this service 24-hours a day and is offered as a courtesy through Emerson Ecologics. Talk to Myra to find out more.

#### Refund Policy

There are no refunds or returns for products unless they are damages. There are no refunds for services.

#### Phone Numbers

Office: Walnut Creek 925.826.3858  
Office: Benicia 707.750.4455  
Fax: 707.750.4455  
Direct: 925.289.9388 (Call in Times)  
Assistant: 925.465.2244

#### Mailing Address

PO Box 162  
Benicia, CA 94510

Here's Your Good Health,

A handwritten signature in cursive script that reads "Myra Kisser".



# What is Homeopathy?

By Myra Nissen, CCH, RSHom(NA)



Myra Nissen, CCH, RSHom(NA)  
Classical Homeopath  
707.750.4455 / 925.826.3858  
www.myranissen.com

## WHAT IS HOMEOPATHY?

Homeopathy - pronounced "ho•mee•ahp'•eh•thee" - is a safe, effective system of natural medicine, used by millions of people worldwide. Thirty-nine percent of physicians use Homeopathy in their practice in France, 20% in Germany, 42% in the UK, and 45% in the Netherlands. It is the leading medical system in India. In the US, 14% of physicians refer their patients for Homeopathic treatment.

## WHAT IS THE ORIGIN OF HOMEOPATHY?

"Homeopathy" is derived from the Greek words "Hómoios" and "pathos" meaning "similar suffering." It is a form of medicine founded by German physician, Samuel Hahnemann, who lived from 1755-1843.

The practice is based on the fact that natural substances that cause illness can also cause healing when taken in small doses. For instance coffee (*Coffea cruda*) is known to cause sleeplessness, but when taken as a small homeopathic dose it helps calm the mind and relieve insomnia. This is the "Law of Similars" originally discovered by the Greek physician, Hippocrates, and is known simply as "Like cures Like."

**Homeopathy is a powerful holistic healing modality that has been around for more than 200 years. Homeopathy uses natural substances as remedies to stimulate a person's capacity to self-heal. These remedies have been approved by the FDA since 1938, and are safe for people and animals of any age, no matter their condition.**

## WHAT ARE THE MEDICINES MADE FROM?

Homeopathic medicines are made from tiny amounts of natural substances and are called remedies. One blossom from a rare, wild orchid can produce enough remedy to last for decades. Remedies are prepared by Homeopathic pharmacies in accordance with FDA-approved guidelines and cost pennies to produce when compared to conventional medicine.

## ARE THE REMEDIES HERBS?

About 70% of the more than 3,000 remedies are from plant sources. Other sources are animal and mineral. Latin names are always used to refer to the remedies, a scientific convention around the world. There is no animal testing and no killing of animals. Homeopathic remedies are earth-friendly and are safe for infants, seniors, and animals. Homeopathy is truly a "Green" medicine.

## HOW DOES HOMEOPATHY WORK?

Homeopathy supports your natural self-healing capacity, stimulating a powerful, yet gentle, healing response. A homeopathic remedy liberates trapped energy so that you are able to self-heal on all levels, mental, emotional and physical.

Homeopathic healing is a bit like a spinning top. A person's response to a remedy sets the top in motion, and health spirals out from the

center. In my practice, I have seen amazing results. One client was able to say good-bye to 20 years of back pain in 4 months. Another was able to overcome a lifetime of debilitating panic attacks in a year.

## DO I HAVE TO STOP MY MEDICATIONS?

No. Homeopathy works alongside conventional medicine. It is not contraindicated.

## HOW DOES HOMEOPATHY DIFFER FROM CONVENTIONAL MEDICINE?

Although conventional and Homeopathic medicines share a goal of relief of symptoms, the way in which Homeopaths view sickness and health is different. Homeopathy is a holistic medicine, meaning that it treats the whole person, not isolated symptoms. Also, Homeopaths use the least amount of medicine to stimulate the quickest restoration of health. They prescribe a single remedy once, then wait and watch for a response to determine the next course of action. Adjunct therapies, like dietary change, are also used to support a person's healing response.

## HOW DOES HOMEOPATHY HELP?

Homeopathy offers help for serious and chronic diseases such as depression, eating disorders, digestive issues, headaches, and chronic pain. It can also be used for

(over)

# What is Homeopathy?

By Myra Nissen, CCH, RSHom(NA)

common sicknesses such as colds and flus, allergies, aches and pains.

## WHAT DOES HOMEOPATHY COST?

Remedies cost pennies when compared to conventional drugs. Homeopathy visits are typically 4-8 weeks apart, less frequent than other modalities. Homeopathic services are often reimbursed through employee benefits such as a Section 125 Cafeteria or Flex-Spending Plan. I am a Healthways Whole Health Network Provider. If your insurance company contracts with Healthways, you may be eligible for homeopathy at discounted rates.

## WANT TO KNOW MORE?

An excellent introduction to Homeopathy is *Beyond Flat Earth Medicine* by Timothy R. Dooley, ND,

MD. The website [www.homeopathytoday.org](http://www.homeopathytoday.org) also has helpful information about the history of homeopathy.

I would like to extend an offer of a **FREE 30-minute assessment** to determine if homeopathy is the best solution for you. Call Myra Nissen, CCH, RSHom (NA) at 925-826-3858 or 707-292-8410 to set up a consultation.

Keep abreast of useful information; **sign up for my complimentary eNewsletter**, at [myranissen.com](http://myranissen.com)

**Myra Nissen, CCH, RSHom(NA)** is a nationally certified Classical Homeopath who graduated from the Pacific Academy of Homeopathy. She enjoys helping people achieve optimal health in body, mind and spirit. Myra's practice is in Walnut Creek, and she holds classes at Earth Touch Wellness in Benicia.



**Myra Nissen, CCH, RSHom(NA)**  
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This sheet is informational only, and not meant to treat or diagnose disease. It does not take the place of medical advice. Please consult a health professional or a physician if you are at all concerned about your health.

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