

**Avghi Constantinides D.Hom HMC MA**  
(310) 279-5010  
[avghi@homeopathyforlife.com](mailto:avghi@homeopathyforlife.com)

**Homeopath**  
Centre for life  
13323 W. Washington Blvd.  
Suite 202  
Los Angeles, CA 90066

**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: C**( ) - \_\_\_\_\_ **H**( ) - \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone: W**( ) - \_\_\_\_\_ **H**( ) - \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Duration** \_\_\_\_\_

**MD.** \_\_\_\_\_ **Phone: ( )** - \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Eye glasses/Contacts** \_\_\_\_\_ **Cosmetic Surgery:** \_\_\_\_\_

**Left/Right handed:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Pets:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Present/Current Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pain, Where?** \_\_\_\_\_  
\_\_\_\_\_

**History & Past Treatment & Old Injuries:** \_\_\_\_\_  
\_\_\_\_\_

**Vaccinations:** \_\_\_\_\_

**Reactions to Vaccines:** \_\_\_\_\_

**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               | Gonorrhoea              | 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   |
| Candida              | High/Low blood pressure | Rheumatism        |
| Carpal tunnel        | HIV/AIDS                | Sciatica          |
| Chlamydia            | Infections              | Sexual abuse      |
| Chronic fatigue      | Jaundice                | Skin problems     |
| Convulsions          | Kidneys                 | Syphilis          |
| Diabetes 1 (Diet)    | Liver dysfunction       | TB                |
| Diabetes 2 (Insulin) | Low Libido              | Tennis elbow      |
| Drug overdose        | Manic depression        | Tingling          |
| Drug problem         | Meningitis              | Ulcers            |
| Dyslexia             | Mental disorder         | Verbal abuse      |
| Endometriosis        | Mono                    | 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	Supplements
Aspirin/Tylenol	Oral Contraceptives	Thyroid
Chemotherapy	Over The Counter	Vitamins
Cortisone	Other	
Recreational Drugs		
Specify _____		

Duration _____	How often _____
Do you smoke _____	If yes how often _____
Do you drink alcohol _____	If yes how often _____

**Women Only** (Circle where appropriate)

Menstrual

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

Vaginal

Discharge	Dryness	Yeast
Painful urinating	Rash	Itching
Warts		

Breast

Lumps	Swollen	Painful
Discoloration	Discharge	Hard

Pregnancy

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

- Prefer outdoors/ indoors?
- Tolerate temperature change?
- Food desires?
- Food aversions?
- Like solitude/company?
- Like attention when unwell?

- Favorite season?
- Favorite color?
- Drinks desires?
- Drinks aversions?
- Like touch from others
- 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 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.....



**Patient disclosure: Please read carefully!**

Welcome to my practice. As you know, I am a practitioner of homeopathy. I am not a licensed physician, nor are homeopathic services licenses by the state. The idea behind homeopathy is that it is a natural system of energetic 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 hold Bachelors of Science in Nutrition, a Masters Degree in Homeopathy, Advanced Clinical Homeopathy, a Diploma in Homeopathy and a Homeopathic Master Clinician. I have studied with some of the most renowned prominent homeopaths in the world, and my education is always on going. I am a member of National Center of Homeopathy & the North American Society of Homeopaths. I am the Co-Founder and Director of Los Angeles School of Homeopathy and the founder and director of Centre for life, Integrative healing center.

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**, its 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 page below.

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.

**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** 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. 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 and cancellation polices and phone fees.

I understand and agree to all parts of this document.

Signed: \_\_\_\_\_

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

Print name: \_\_\_\_\_

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

**CALIFORNIA SENATE BILL SB-577  
WHAT IT MEANS FOR PATIENTS**

*California Senate Bill SB-577, which 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 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 patient?**

**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 unlicensed 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 unlicensed alternative health care practitioners to follow certain guidelines and restrictions.

Here are the things that unlicensed 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, an unlicensed 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.
- 

**Fees, Office Policy and directions**

- **Remember to bring your form filled out.**
- **Fees and Cancellation Policy:** At the time of booking your initial appointment, a credit card will be necessary to hold your appointment. New patient appointments 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, the fee is the same as the appointment fee. The same applies to follow up appointments. Please call if you can't make the follow up appointment. There is a charge (same as appointment fee) which will be billed to your credit card on file for cancellations made within 48 hours of the appointment. 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 and give me 48 hours notice.
- **First consultation is \$325 will last between 1 1/2 hours to 2 hours**, give yourself plenty of time to get here, park and find the office the first time. **Follow-ups are \$125 will last 30-45 minutes. If you need a consultation in-between, phone consultations are \$25 for each 10 minutes.** Follow-ups are usually 4-6 weeks apart. Checks, Visa, Master Card or Cash accepted.
- **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. It's a beautiful Victorian Building. This area is also known as Marina del Rey adjacent. OR 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.
- The Building is located 4 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 front door please buzz "Centre for Life". Take the elevator to the second floor, suite 202

**Thank you.**