

Lotus Homeopathy, Inc.
651-748-1556

Retainer for Homeopathic Services

I, _____, hereby retain Kathryn Z. Berg as a homeopathic practitioner. I understand that she does not seek to diagnose, treat or prescribe for any particular illness, injury or condition. Instead she seeks to stimulate my own healing mechanism with the use of homeopathic remedies so that I can better deal with the wide variety of stresses I experience in life. In exploring this homeopathic practice, I am interested in monitoring my confrontation with stress and stimulating my own healing abilities to move through crisis naturally.

I have had ample opportunity to discuss the relationship between the treatment of pathology and the employment of the homeopathic approach as practiced by Kathryn Z. Berg. I agree to consult a physician for any concern about pathology which may arise during the term of this agreement.

In order to maximize the benefit I might receive from homeopathic care, I agree to:

- Communicate all that is going on with me with regards to my current health, past health history, and all pertinent life circumstances I am in.
- Follow directions with regards to remedies and antidotes.
- Follow up with regular consultations until my health is at a level I desire it to be.
- Notify Kathryn Z. Berg the results from the last homeopathic remedy within 30 – 45 days of the last visit, or as indicated by Kathryn Z. Berg.
- Commit to giving homeopathy enough time to work. I understand that this is healing and this takes longer than suppression of symptoms. I understand that the schedule of visits may be different for each individual.
- Discuss with Kathryn Z. Berg any intentions to postpone or discontinue treatment.
- Observe office policies as to payment, punctuality and cancellations. (See enclosed Office Policies document.)

Practitioner, Kathryn Z. Berg, agrees to elicit a history of indications relative to your health and disposition, advise accordingly and provide an opportunity to undertake a homeopathic remedy according to the science of homeopathy. Kathryn also agrees to make a commitment to the improvement of your health to the level you desire it to be. This agreement will remain in effect unless terminated by notice from either party.

Client Signature

Date

Kathryn Z. Berg

Date

Parent/Guardian Signature Date