Susan DeLaney, ND

Welcome to my practice. Enclosed are some forms for you to fill out.

To help me gain a complete picture of your past and present health concerns, please include as much information as you can.

I think you will find the process of completing the questionnaires useful and it may stimulate questions that can be addressed at the time of your visit.

We are located at 55 Vilcom Center (Boyd Hall) in the Chapel Hill 40 complex just off Weaver Dairy Road across from the Timberlyne Shopping Center. We have parking in front of the building.

We try our best to make sure that you are well taken care of, so please feel free to call if you have any questions. I am looking forward to spending an hour and a half with you on the day of your appointment.

Please call 24 hours in advance if you wish to reschedule or cancel your appointment.

Thank you, Dr. Susan R. DeLaney

RELEASE AND PERMISSION FORM DATE_____

I understand that Dr. Susan DeLaney is not a licensed medical doctor in the state of North Carolina but has a license for Naturopathic and Homeopathic medicine from the state of Oregon.

I understand that Dr. Susan DeLaney can not file insurance nor prescribe prescription medications.

I understand that Dr. Susan DeLaney will be treating me with homeopathic remedies and supplements that sometimes do not have an immediate effect.

I understand that I am responsible for all charges that I incur during my visits and payment is due at time of service.

Print first and last name

Signature

Thank you, Dr. Susan DeLaney The Homeopathic Consultation: Preparing for your initial visit with Dr. DeLaney

What Is Homeopathy? How Does Homeopathy Work? How Can You "Get the Most" From Your Visit?

Complete the enclosed forms

Please read this introductory material -- then, complete the accompanying forms. This information can answer some questions you may already have about homeopathy, but more importantly, can help you get the greatest benefit from your initial visit with Dr. DeLaney.

Homeopathy is a system of medicine based on the principle of "Like Cures Like." Homeopathy uses small doses of natural substances to stimulate the body's own healing mechanism. "Like cures like" means that a substance that causes symptoms in a healthy person will cure them in an ill person. This was proven by Samuel Hahnemann, the founder of homeopathy who lived and practiced medicine in Germany in the 1700s. At that time, quinine was used to treat malaria. Hahnemann gave himself Cinchona Bark, the substance from which quinine was derived, and discovered he had symptoms identical to malaria. When he gave Cinchona Bark, in dilution, to someone with malaria, the patient became well. Through extensive research he found this principle applied to many, many other substances. In the last two centuries hundreds of substances have been tested in this way. These tests are called provings. When a substance has been proven, it is entered into a Materia Medica, a source-book for homeopathy physicians. These entries detail the physical, mental and emotional symptoms that correspond to each substance. A homeopathic physician meets with a patient for an extended consultation to develop a comprehensive symptom picture. The physician can then match the patient to the correct remedy. A homeopathic remedy is a non-toxic dilution of the original substance. Today they are prepared in federally regulated pharmacies.

Homeopathic treatment considers the whole person. Your symptoms -- whether mental, or emotional -- are considered expressions of your system's imbalance. Homeopathy treats not just you headache or your asthma but your total symptom picture with a remedy selected to correlate with your symptoms in order to assist your body in re-establishing its own natural balance. Supportive therapies such as nutritional supplements and herbs are also used to aid in this process.

During your initial consultation Dr. DeLaney will discuss with you in great detail your chief complaints, your likes and dislikes, your hopes and fears, and explore who you are as a person. Her choice of remedy is based on the information she gathers from you. An hour and a half for a physician visit may seem generous by today's standards but it is actually a short time to get to know someone "inside and out." It takes time to understand a person thoroughly enough to effect a lasting cure. Any remedy prescribed for you is based on the totality of symptoms you describe, so it is vital that Dr. DeLaney have as

much information about you and your symptoms as possible. Your willingness to prepare thoughtfully and thoroughly for your initial visit increases the likelihood that Dr. DeLaney will have the information she needs to choose the best course of therapy for you. More specifically, some portions of the enclosed forms may be familiar, others not so. Each is designed, however, to help you explain your current condition and important related information in a way that gives Dr. DeLaney a complete picture of you as a person with likes, dislikes, a family, a history – exactly what she requires to select an appropriate remedy. Please complete ALL parts of each form.

Think about your symptoms & how best to describe them

Onset/recurrence of symptoms

Location of complaint

Description of sensation or pain

Worsens or improves complaint (applies to emotional, mental, & physical concerns) Associations with complaint

What Happens Next?

When you discuss with Dr. DeLaney the conditions or problems that bring you to her, try to be as specific as possible. You can use the questions below as a guide and even make notes if that will help you remember. For instance,...

Did the start of your problem/condition coincide with any occurrence, emotional upset, or stress? lack of sleep? exposure to weather? an injury or surgery? any kind of excess (alcohol, food, etc.)? anything else different? Does anything seem to cause a recurrence of your symptoms? ... a disappearance of your symptoms?

Be specific: "Pain in left temple" is more helpful than "headache"

Is the feeling burning? tingling? crawling? itching? pressured? numb?

Is the pain cutting? aching? cramping? pulsing or throbbing? other?

Does it vary with the time of day or night? the season? the weather? Try to be precise, e.g., "walking at midnight" vs. "walking during the night"

Is it affected by your position -- sitting? standing? lying? lying on left? lying on right? Is it affected by activity -- walking? running? resting? moving in a specific way?

Does temperature (cold or warmth) affect your condition?

Does eating or sleeping have an affect? Not eating? Not sleeping?

Does anything occur regularly in association with your symptoms - nausea with headaches? skin clearing during menstrual cycle?

Dr. DeLaney may send you home with a remedy and/or other recommendations after your visit, or she may want more time to consider the specifics of your condition.

Directions will be provided for any remedy given to you and a follow-up appointment will be made for you before you leave the office.

Name		
Address		
	Zip Code	
Home Phone	Work Phone	
Occupation		
Birthdate	Age	

Relationship Status	tatus (check all that apply)				
Married	Single	Divorced	Widowed	Homosexual	

What is your religious preference, if any?

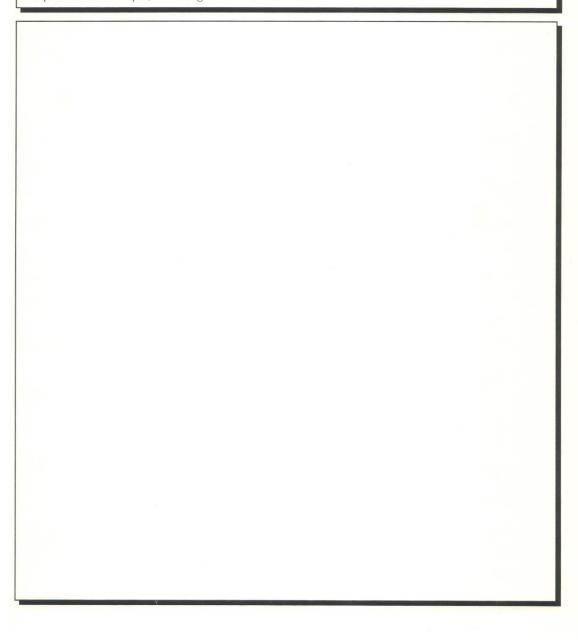
Relation	Age
	Relation

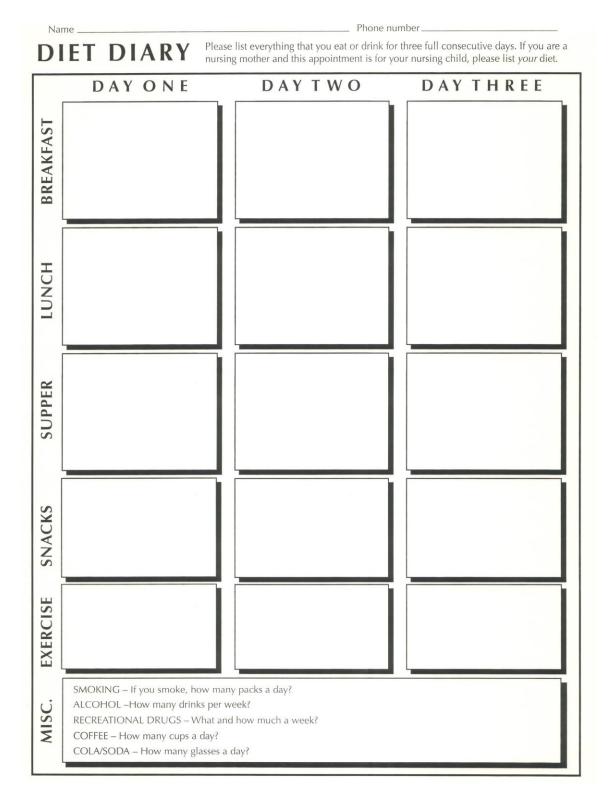
Any pets in household?	
	1

Hobbies and/or special interests	

Ht.	Wt.	B/P	Chol.
	and a second		

Please write a brief outline of your life history. Beginning with birth or early childhood, list major illnesses, injuries or hospitalizations, significant turning points or major events in your life. Please include periods of eating disorders, heavy alcohol, cigarettes, coffee, pharmaceutical or recreational drugs, and major deaths or illnesses in family. For women, also include events related to your reproductive system (first period, menopause, pregnancies, abortions, birth control, etc.). If you are filling this out for your child, please include any notable information about the pregnancy and nursing. Keep it brief and simple, we will go into detail as needed.





List any o	other problems you want help	o with	
		and profession	
List al currently t	l medications you are aking (incl. contraceptives)	How long have you been taking it?	Reason for taking it?
List all	medications you have	How long did you take it?	Reason for taking it?
1	aken in the past		
List all you	vitamins/supplements are currently taking	How long did you take it?	Reason for taking it?
List any a	llergies (food, drugs, pollens	, etc.)	
Date	List major illnesses, hosp	italizations, surgery	

Name		Phone number		
If you have ever had any of these conditions, please circle them.				
Allergies	Jaundice	FOR MEN		
Anemia	Kidney disease			
Arthritis	Kidney stones	Prostate Problems		
Asthma	Mental Disorder			
Bleeding Disorder	Migraine	FOR WOMEN		
Colitis	"Nerves"			
Depression	Pneumonia	Breast problems		
Diabetes	Seizures	Cystitis		
Gallstones	Sinusitis	Endometriosis		
Glaucoma	Skin disease	Fibroids		
Heartburn	Sleep disorder	Hysterectomy		
Heart disease	Stroke	Pelvic infection		
Hemorrhoids	Thyroid problems	Vaginitis		
Hepatitis	Tuberculosis			
Hernia	Ulcer	How many times have		
High blood pressure	Vomiting blood	you been pregnant?		
High cholesterol	Warts			

Indicate below which ailments have affected your relatives. Give ages even if they are/were healthy. Do/Did they have the same ailments as you? Possible ailments: AIDS, alcoholism, allergies, arthritis, asthma, cancer, diabetes, epilepsy, frequent colds, gonorrhea, gout, hay fever, heart problems, hysteria, mental illness, obesity, paralysis, pleurisy, pneumonia, skin affections, syphilis, thyroid problems, tuberculosis, ulcers, warts, and other problems in your family.

	Age if Alive	Age at Death	Ailments
Mother:			
Father:			
Sisters:			
Brothers:			
Maternal Grandmother:			
Maternal Grandfather:			
Maternal Aunts/Uncles:			
Paternal Grandmother:			
Paternal Grandfather:			
Paternal Aunts/Uncles:			