



Martha DeMarco
H O M E O P A T H Y
enhancing health naturally

NEW CLIENT INFORMATION FORM

Today's Date: _____

Name: _____ Birth Date: _____ Age: _____

Mailing Address: _____

Email Address: _____

Contact Phone Numbers: _____

Name of Primary Care Physician: _____

Credit/Debit Card # _____

Expiration Date _____ Security Code _____

Address for credit card if different from above:

Conditions for which you are seeking assistance (please be specific):

Medications you are currently taking.

Include prescription, over the counter, or recreational drugs, herbs, supplements,
and any homeopathic remedies please.

Have you used homeopathy before? If so, who was your practitioner? Remedies taken? Results?

Please provide a brief health history. Note all major illnesses, hospitalizations, surgeries, skin conditions, major life or health events which were turning points in your life and your age at the time these events occurred.

Family health history. Note illnesses or health problems in all blood-related family members, along with cause of death for those who have passed away. Include Grandparents, parents, siblings, and children.

Please note any questions or concerns you would like to discuss as we begin.