**HOMEOPATHIC SERVICES NOTICE**

**CLIENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The homeopathic services you have requested are directed at strengthening your constitution and vitality. They are not directed at identifying, treating, or preventing specific diseases. I am a classical homeopathic practitioner. I am prohibited by law from diagnosing or treating disease. If you have a medical complaint or question about your health, you should see a physician. Many insurance companies do not pay for homeopathic services and I will not send a bill to your insurance carrier.

**CLIENT ACKNOWLEDGMENT:**

It is my personal preference to use the homeopathic services of the homeopathic practitioner **Jackie Krammer**. I understand that homeopathic services are NOT MEDICAL treatments and that **Jackie Krammer** is not a licensed physician.

I agree to pay the full amount of the charges and I understand that the services typically are not covered by insurance.

**CLIENT SIGNATURE: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Jackie Krammer, CCH, RSHom (NA)

Jackie Krammer Classical Homeopathy

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