

Guilderland Homeopathic Clinic
Larry Malerba, DO, DHT Mary Malerba, RN

Date _____ How did you find out about us? _____

Name _____ Parent/Guardian _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: S M D W

Address _____

City/State/Zip _____

Home Phone: _____ Cell: _____

Occupation _____ Work Phone: _____

Do you want to be on our e-mailing list? Yes No Email: _____

Medicare: Yes No Prior Homeopathic Treatment? Yes No Provider? _____

Emergency Contact Person/Information: _____

Drug Allergies: _____

Other Allergy: _____

Reason for Today's Visit: _____

Present Medications & Dosages: _____

Coffee? _____ Alcohol? _____ Tobacco? _____ Birth Control Pills? _____

Hospitalizations & Surgeries with Dates: _____

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Please mark "P" for Personal and "F" for Family History for all that apply:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> asthma | <input type="checkbox"/> allergies | <input type="checkbox"/> arthritis | <input type="checkbox"/> alcoholism |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer | <input type="checkbox"/> herpes | <input type="checkbox"/> migraines |
| <input type="checkbox"/> gonorrhea | <input type="checkbox"/> syphilis | <input type="checkbox"/> meningitis | <input type="checkbox"/> polio |
| <input type="checkbox"/> heart problems | <input type="checkbox"/> liver problems | <input type="checkbox"/> hypertension | <input type="checkbox"/> stroke |
| <input type="checkbox"/> addictions | <input type="checkbox"/> alcoholism | <input type="checkbox"/> drug abuse | <input type="checkbox"/> ulcer |
| <input type="checkbox"/> vaccine reaction | <input type="checkbox"/> head injury | <input type="checkbox"/> Rabies shots | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> kidney problems | <input type="checkbox"/> seizures | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> glaucoma |
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety | <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> tuberculosis | <input type="checkbox"/> whooping cough | <input type="checkbox"/> dog bite | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> mononucleosis | <input type="checkbox"/> traumatic event | <input type="checkbox"/> allergy shots | <input type="checkbox"/> birth defect |
| <input type="checkbox"/> thyroid problem | <input type="checkbox"/> warts | <input type="checkbox"/> eczema | <input type="checkbox"/> psoriasis |
| <input type="checkbox"/> hives | <input type="checkbox"/> fainting | <input type="checkbox"/> vertigo | <input type="checkbox"/> miscarriage |
| <input type="checkbox"/> abortion | <input type="checkbox"/> multiple sclerosis | <input type="checkbox"/> constipation | <input type="checkbox"/> pneumonia |

other: _____

Informed Consent: I am fully aware that Dr Malerba is a licensed physician who practices a form of medicine called homeopathy as his primary specialty. While homeopathic treatment is generally safe, I acknowledge that it may not be without it's potential side-effects. I understand this and have chosen homeopathic treatment with full knowledge that there are no guarantees for a satisfactory outcome that can be offered with any form of treatment.

 Signature

I also give permission for my case to be used under a fictitious name in written and/or verbal form for educational, publishing, and teaching purposes.

 Signature