

## Disclosure and Consent Form

# Homeopathic Healing Center

Name:

Age/Sex

Address:

Home Phone#

Work Phone#

Welcome to Homeopathic Healing Center, 5115 Mowry Avenue, Fremont, CA 94538

*The State of California does not offer licenses in homeopathic medicine, and I am not a physician. Homeopathy is alternative and complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code (commonly known as the Medical Practice Act). I may offer services in homeopathy as long as I meet certain requirements and restrictions, which are described under the California Senate Bill SB577. I am not licensed by the State of California as a physician.*

Homeopathy is a Complementary and Alternative Medicine (CAM) based on the natural law, "Similar Cures Similar". It is an energy healing system which treats the *whole* patient with the *totality* of symptoms in the general, mind, and physical spheres, giving importance to the peculiar and strange sensations and feelings; fears; modalities; and the constitution of the *individual* patient.. This system of medicine was founded by the German medical doctor Samuel Hahnemann, MD, in the eighteenth century.

After finishing my M. S. in biological sciences, I finished in 1968, a 3-year course in Homeopathy and Biochemistry from Homeopathic Medical Mission, India. This was followed by internship under a prominent Homeopath in New Delhi, India. I have been treating the sick for the acute and chronic conditions since 1968, organizing several Homeopathic camps in villages in India. I am licensed by Board of Homeopathic Practitioners, Govt. of Punjab, India.

I have been strictly following the Hahnemannian Homeopathic system. I take the patient case in great detail as described by the patient in his/her own words, without any interruption followed by the detailed interrogation of the factors left out by the patient, giving importance to the General symptoms, mind and emotional symptoms, modalities - aggravating and amelioration factors - strange and rare sensations. The case is repertorized by the world famous Homeopathic Software, and the most appropriate homeopathic remedy chosen that meets the patient's symptoms in the all the above important spheres. The patient is generally asked to come for the follow up after about 6 weeks but he or she can call and discuss any changes in the symptoms any time during that period. I closely follow the reactions according to Dr. Hering's three Laws of Cure. Considering my natural affinity to the treatment of children and women, I authored the world-famous book, "Common Ailments of Children and their Homeopathic Management" at the request of the B. Jain publisher, New Delhi, India, followed by several other books on Homeopathy.. Please refer to my detailed profile online at [www.homeopathichealing.net](http://www.homeopathichealing.net).

I am certified in Classical Homeopathy by the Council for Homeopathic Certification (CHC, USA), after rigorous tests and submission of the cured cases. I am also a registered member of the North American Society of Homeopaths (NASH) and have earned the prestigious RSHom(NA) for having met the highest standards of competency in Classical Homeopathy. I am also a member of the California Homeopathic Medical Society, and have received the Gold medal from the Board of Alternative Medicine, Calcutta, India (registered under Government of West Bengal and the Indian Federal Govt.) for my contribution to the alternative medicine.

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## **Acknowledgement and the Consent to receive Services**

I have read and understand the above disclosure about the alternative systems of health treatment and Manohar T. Santwani's education and experience. I understand that Santwani is not licensed as a physician by the State of California and that the homeopathic treatment is alternative and complementary to healing arts services licensed by the State. I also understand that it is my responsibility to maintain my medical relationship with the primary doctor for myself/my child and inform him of the complementary homeopathic treatment taken. I have consented to use the services provided by Manohar T. Santwani. I have received a copy of this consent form and a copy of the brochure on the Homeopathic Healing Center, which I have signed.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient/Relative/parents or Guardian if minor)

Relationship with patient if other than patient \_\_\_\_\_