



**PATIENT MEDICAL AND FAMILY HISTORY**

**DATE:**

Name:	Date of Birth:	
Street Address:	City/State/Zip:	
Home Phone:	Work Phone:	
Email:	Mobile Phone:	
Marital Status:	Sex: M/ F	# of children:
Emergency Contact:	Relationship:	
Referred by:		

If you are completing this for a minor, please add the following:

Mother:	Father:
Pediatrician:	Current School:
Birth weight:	Problems during pregnancy or after birth:

**Medications Currently Taking**

Medication	Since	Effects

**Allergies**


**Major Symptoms Complaints**

Symptom/Complaint	Since	Cause



**Treatments/ Regimes Being Followed**

Treatment	Since	Results

**Operations**

Type	When	Reason

**Major Injuries**

Type	When	Reason

Had a blood transfusion? Y N \_\_\_\_\_ If so, when & why? \_\_\_\_\_

Any prior conditionss after which you (or the minor) never felt totally well again? Y N \_\_\_\_\_

If so, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

What immunizations have you (or minor had? \_\_\_\_\_

Adverse effects? \_\_\_\_\_

Any prolonged courses of antibiotics? Y N \_\_\_\_\_ If so, for what? \_\_\_\_\_

Adverse effects? \_\_\_\_\_ Recent weight loss? Y N \_\_\_\_\_ If so, how much? \_\_\_\_\_

Current weight: \_\_\_\_\_

Exercise? Y N \_\_\_\_\_ If so, what and how much? \_\_\_\_\_

Dental problems now? \_\_\_\_\_

Use tobacco? Y N \_\_\_\_\_ If yes, how much daily: \_\_\_\_\_

Drink alcohol? Y N \_\_\_\_\_ If yes, how much daily: \_\_\_\_\_

Drink coffee? Y N \_\_\_\_\_ If yes, how much daily: \_\_\_\_\_

Currently under the care of another physician? Y N \_\_\_\_\_

If yes, please list their name(s) and reason for seeing them: \_\_\_\_\_

Treated with homeopathy before? Y N \_\_\_\_\_

If yes, please list by whom and for what complaints: \_\_\_\_\_



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PHYSICIAN SPECIALIZING IN HOMEOPATHY

**Indicate below age of BLOOD relatives and any ailments they have had e.g. cancer, asthma, allergies etc.**

Relative	Age if Alive	Age at Death	Ailments
Mother			
Father			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

**Family History**

**Place an "x" in the appropriate columns for any illness that you or your relatives have had**

Illness	Self	Father	Mother	Brother	Sister	Child	Grandparent
Abscesses							
Alcohol Drugs							
Allergies							
Anemia							
Arthritis							
Asthma							
Autism							
Cancer							
Depression							
Diabetes							
Eczema							
Emphysema							
Epilepsy							
Frequent							
Infections							
Gall Stones							
Heart							
Disease							
Hepatitis							
High Blood							
Pressure							
Kidney							
Problems							
Measels							

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Mental Illness							
Migraines							
Mono							
Parasites							
Pneumonia							
Polyarthritis							
Psoriasis							
Rheumatic							
Fever							
Skin Cancer							
ST Os							
Stomach							
Problems							
Stroke							
Thyroid							
Issues							
Tuberculosis							
Ulcers							
Venereal							
Disease							
Warts							
Weight							
Issues							
Worms							
<b>MEN ONLY:</b>	Self	Father	Mother	Brother	Sister	Child	Grandparent
Prostate Issues							

<b>WOMEN ONLY:</b>	Self	Father	Mother	Brother	Sister	Child	Grandparent
Abnormal Periods							
Bleeding Problems							
Miscarriage							

Age of first menses: \_\_\_\_\_ First day of menses: \_\_\_\_\_ Menses regular? Y N \_\_\_\_\_  
 # of pregnancies: \_\_\_\_\_ # of miscarriages: \_\_\_\_\_  
 Using birth control? Y N \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Please complete this form before your initial video or phone assessment then bring it with you to your first office visit. It will become a part of your permanent record.

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## Notice of Privacy Practices

### What is HIPPA?\*

Most of us feel that our health information is private and should be protected. That is why there is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.

### The HIPPA Privacy Rule\*

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

### The Security Rule\*

The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information. This Notice of Privacy Practices describes how Dr. Alex Bekker Homeopathy General Practice may use and disclose your information and the rights that you have regarding your health information.

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## Your Rights

Although your health information is the physical property of the facility or practitioner who compiled it, the information belongs to you. As such, you can request, in writing:

- A restriction on certain uses and disclosures
- To inspect or obtain a copy
- That we communicate with you in a certain way or at a certain location
- Obtain a paper copy of this Notice

## Our Responsibilities

Although your health information is the physical property of the facility or practitioner who compiled it, the information belongs to you. As such, you can request, in writing:

- Maintain the privacy of your health information
- Provide you with the Notice that describes our legal duties and privacy practices
- Inform you that we must keep your medical records for a time period required by law and then may dispose of them as permitted by law

## Uses and Disclosures without Authorization

The following are necessary and permitted by law in order to treat you:

- Disclosure to Administrative and Nutritional staff and medical residents
- Disclosure to pharmacies if necessary
- Disclosure to other alternative and traditional medical centers involved in treatment
- Although Dr. Bekker does not participate in billing directly to insurance companies or third parties, payment owed could be disclosed to a collection agency

## Uses and Disclosures with Authorization

You will be asked to sign a consent form that allows us to store your information electronically and to communicate with you electronically. Dr. Alex Bekker Homeopathy General Practice is in the process of transitioning from a paper-based health record to an electronic health record. These electronic health records will be stored at an off-site facility accessible by an assigned user ID and password known only to Dr. Bekker, his staff and medical residents. As such, your health information will include electronic transfer. In addition:



If you require additional information about HIPPA, please contact us or go the U.S. Department of Health and Human Services ([www.HHS.gov](http://www.HHS.gov)) for further clarification .

### HIPPA Acknowledgement

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**First Name**

**Last Name**

**MI**

**Today's Date**

My signature confirms that I have read and understand Dr. Alex Bekker Homeopathy General Practice Notice of Privacy Practices as they pertain to the protection of my health information under the Health Insurance Portability & Accountability Act (HIPPA).

I have been given the right to receive a copy of these practices. I understand these practices could change and that I can request a current copy at any time.

I understand and agree that my information can be used to provide and coordinate my treatment with persons in this practice and other alternative and/or traditional medical practices.

I understand that I can request in writing how my information is used or disclosed to carry out my treatment but that you are not required to agree to my request. If you do so, then you are bound by such agreement.

I have read the information above and consent to these guidelines.

Patient signature

### Consent for Homeopathic Treatment

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**First Name**

**Last Name**

**MI**

**Today's Date**

Dr. Alex Bekker received his medical degree in 1996 from the University of Texas Health Science Center at San Antonio and completed his internship training in Family Medicine at St. Elizabeth's Hospital in Beaumont, Texas. He has had extensive clinical experience working in rural hospital Emergency Departments in Texas. In addition, Dr. Bekker:

- Is an adjunct professor at the University of North Texas Medical School in Fort Worth
- Is on the board of the American Institute of Homeopathy
- Has a diplomate from the American Board of Integrative and Holistic Medicine
- Has attended regular course work from the Canadian Academy of Homeopathy
- Has given numerous talks at the yearly conferences for the National Center of Homeopathy and the Texas Society of Homeopaths.

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Homeopathic medicines are specially prepared natural animal, vegetable or mineral substances that stimulate the person's vitality to overcome disease. Homeopathic pharmacies produce these medicines by a series of dilution and succussion, and they are FDA regulated over the counter substances. There are over 2,500 homeopathic remedies available.

Homeopathic medicines are prepared in such small doses that no toxic effect is produced as long as they are used properly.

Proper homeopathic treatment is according to strict principles based on a holistic understanding of health and disease. Homeopathy does not recognize disease diagnosis as separate from the patient.

We treat the whole person and not any particular symptoms. When the person is cured there are no more symptoms.

The principles of homeopathy are:

- Treatment according to the law of similars
- The single remedy
- The smallest dose of medicine that will cure
- Individualization
- Prescribing for the Totality of Symptoms
- No repetition while improvement lasts
- Proving: symptoms elicited when the medication is given to healthy volunteers



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The law of similars is a principle of healing which states that any medicinal substance that produces certain characteristic symptoms in the healthy will cure similar symptoms in the ill. A simple example of this law is that it is sometimes efficacious to use the homeopathic preparation of the common onion (*Allium cepa*), which causes tearing and runny nose as we all know, to relieve acutely the symptoms of seasonal allergy.

The correctly selected remedy will dramatically decrease susceptibility to illness, and enhance overall energy and well-being to restore health.

Since its beginning, homeopathy has based its practice on the interconnectedness of mind, emotions and body. When the patient is cured of a rash, for example, he or she will find that every other aspect of health has improved - sleep, immunity, emotions, energy and overall well-being.

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I understand that I am seeking treatment in the form of homeopathy from Dr. Alex Bekker. I understand that minor aggravation or worsening of some symptoms may occur temporarily as part of the healing process.

I authorize discussion of my case notes with other professional homeopaths and that my right to privacy will be protected by withholding my name and any other identifying information.

I am aware that the outcome and duration of homeopathic treatment will vary by individual. I also agree to be an active partner in this process by being diligent in keeping notes as to my progress and through follow-up phone/video assessments and office visits.

I have read the information above and consent to these guidelines:

Patient Signature

Please also sign here if you are agreeing to this on behalf of a minor:

Patient or Guardian

**First Name**

**Last Name**

**MI**

**Today's Date**

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