

# Glass Rock Homeopathy

Su Sandon, RPh, CCH

5851 Duluth Street, Bassett Creek Medical Building, Suite #306, Golden Valley, MN 55422

(612) 889-2683

[www.glassrockhomeopathy.com](http://www.glassrockhomeopathy.com)

[suhomeopathy@earthlink.net](mailto:suhomeopathy@earthlink.net)

Dear New Client,

Thank you for selecting Glass Rock Homeopathy.

I am looking forward to working with you and would like to take this opportunity to acquaint you with some philosophy and policies of this practice. This practice is designed to focus on you and to assist you with your current concerns so that you may achieve a greater sense of health and well-being.

As the focus is on your individual concerns, I take a comprehensive approach that is reflected in the enclosed Health Inventory form. Please take the time to carefully complete this, and the other forms, before your visit. Your cooperation in providing accurate and detailed information on all aspects of your health will help me make the most appropriate recommendation for you.

If it is necessary to cancel or change the date or time of this initial consultation, please give as much advance notice as possible. Appropriate notice will allow me to fill the time with someone that is waiting for an appointment.

I ask that you pay at the time of your visit.

Most insurance carriers, including Medicare and Medicaid, *do not* cover homeopathic services at this time. However, Health Savings Accounts (HSA) and most Flexible Spending Accounts (FSA) can but used to pay for homeopathy consultations and remedies. Be sure to check the specifics of your account to ensure coverage.

Due to the chemically sensitive nature of many clients, please do not wear perfumes or colognes while at the clinic. This includes scented body lotions, oils, and hair products. Your consideration is appreciated.

Thank you and I look forward to meeting you and working with you.

Su Sandon

Certified Classical Homeopath

Our address is

5851 Duluth Street

Bassett Creek Medical Building, Suite 306

Golden Valley, MN 55422

We are located behind the Lunds & Byerlys on Duluth St, just off Hwy 100

**Su Sandon, CCH**

**Glass Rock Homeopathy, LLC**

Bassett Creek Medical Building, Suite #306

5851 Duluth St, Golden Valley, MN 55422

**612-889-2683**

**[suhomeopathy@earthlink.net](mailto:suhomeopathy@earthlink.net)**

## **Driving Directions**

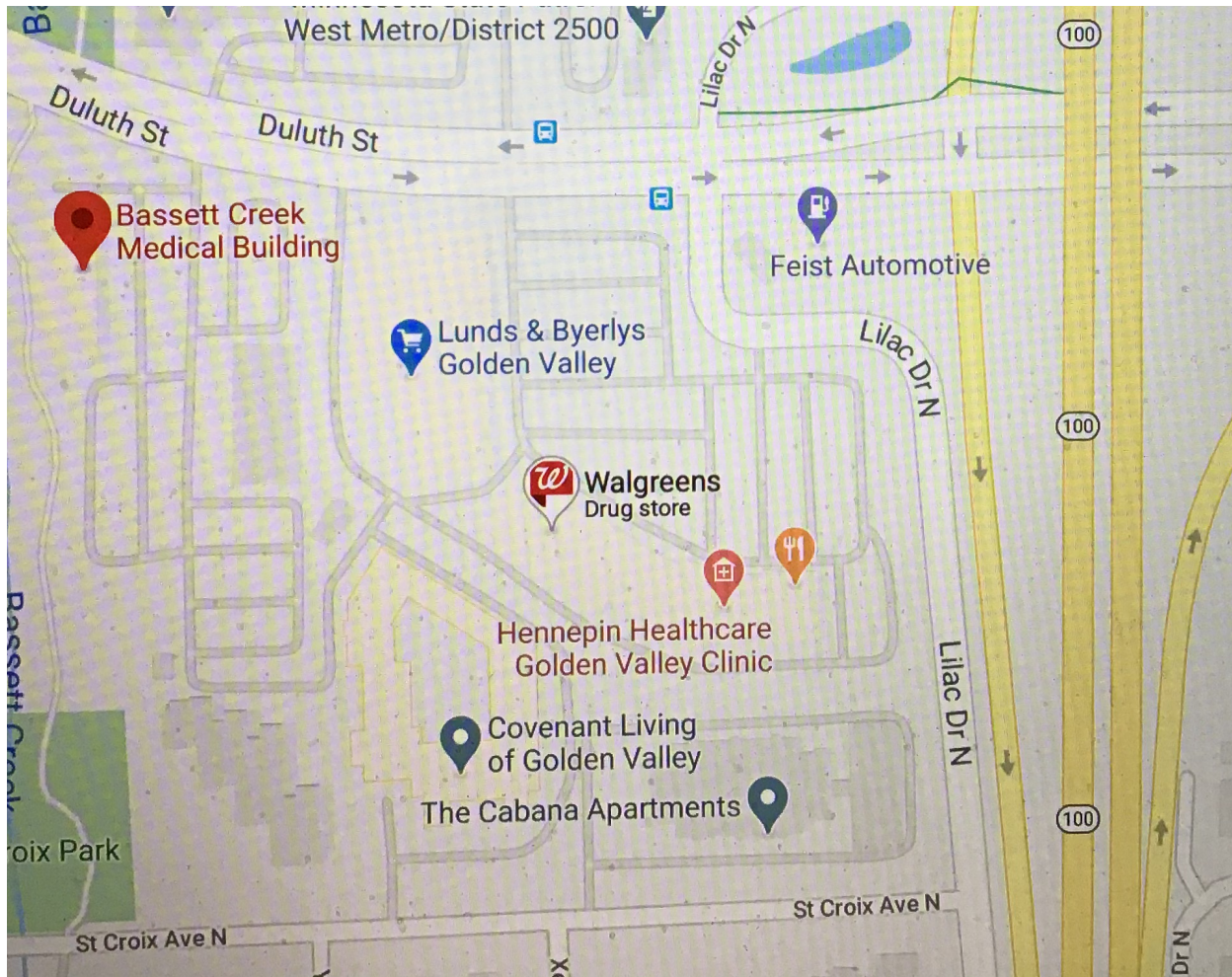
**From the North:** Hwy 100 South. Exit at Duluth St and go west (right).

**From the South:** Hwy 100 North. Exit at Duluth St and go west (left).

As you come onto Duluth Street, on your left you will see Lunds-Byerlys and Feist Automotive and on your right is the MN Highway Patrol.

This medical building is on the first street behind the Lunds-Byerlys grocery store. This “street” is really a glorified driveway and so it has no name, no street sign.

Su and Glass Rock Homeopathy are located within the Bassett Creek Medical Building, suite #306.



[continue to scroll down for additional documents]

Glass Rock Homeopathy

**Homeopathic Services Notice**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please print)

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. Our practitioners are qualified homeopaths but are not licensed physicians. They are prohibited by law from diagnosing or treating disease.

If you have a medical complaint or question about your health it is important that you consult with a physician.

Many insurance companies do not pay for homeopathic services and our office will not be sending a claim to your insurance carrier.

**CLIENT ACKNOWLEDGEMENT:**

It is my personal preference to use the homeopathic services of the homeopaths at Glass Rock Homeopathy. I understand that the homeopathic services are NOT MEDICAL treatments and that these homeopaths are not licensed physicians.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# CLIENT BILL OF RIGHTS

## GlassRock Homeopathy

Su Sandon, CCH, RSHom(NA)

5851 Duluth Street, Suite #306, Golden Valley, MN 55422

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

### 1. Degrees, training, and experience.

*Su Sandon, CCH, RSHom(NA), HMC, RPh* is certified in classical homeopathy by the Council for Homeopathic Certification. She has practiced classical homeopathy since 2005 and pharmacy since 1980. She is a graduate of Northwestern Academy of Homeopathy in Minneapolis, MN; the Homeopathic Master Clinician program of the Luminos Homeopathic Courses in Vancouver, British Columbia; and the school of Pharmacy at the University of Montana, Missoula, MT. She has been a faculty instructor and student mentor at the Northwestern Academy of Homeopathy since 2015.

The current care you receive will be of a homeopathic nature and **not** allopathic (conventional medicine). Patients are advised to have and receive allopathic care from their primary care physician or provider. We will be pleased to coordinate your health care with your primary physician according to your wishes.

In accordance with Minnesota law, I am providing you with the following notice:

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.**

**Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.**

### 2. **Right to file a complaint.** My name and address are listed above. You have a right to file a complaint with us, by writing a letter with details of the nature of the complaint.

Also, if you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary and Alternative Health Care Practice  
Minnesota Department of Health Occupations Program  
85 East 7<sup>th</sup> Place, Suite 300, PO Box 64882  
St. Paul MN 55164-0882  
651-282-3823, 1-800-657-3957, Fax 651-282-3839

### 3. **Fees for unit of service.** Fees are payable at the time of service by cash, check, or credit card. (See Fee Schedule) We do not accept Medicare, Medical Assistance, or General Assistance Medical Care. We do not accept partial payment or waive payment. (See our Payment Policy).

4. **Change in services or charges.** You have a right to reasonable notice of changes in services or charges, and we will provide prior notice of any changes.
5. **Description of Services.** Please see the article “What is Homeopathy,” provided to you in your clinic information packet, and available in our reception room.
6. **Information about assessment and recommended service.** You have a right to complete and current information concerning any assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.
7. **Courteous treatment.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
8. **Confidentiality of client information.** Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless release is required by law.
9. **Access to client records.** You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.
10. **Other available services.** If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.
11. **Change practitioners.** You have the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
12. **Coordinated transfer.** If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.
13. **Refusing services.** You have the right to refuse services or treatment, unless otherwise provided by law.
14. **No retaliation.** You may assert your rights without retaliation.

*I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein and I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.*

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**Client Signature**

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**Date**

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**Parent or Guardian Signature**

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**Date**

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**Witness Signature**

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**Date**

**Glass Rock Homeopathy**  
**CLIENT REGISTRATION**

Name of Client: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Relationship to Responsible Party: ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Other

Client Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

\_\_\_\_\_

Physician's Name, Address, & Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**RESPONSIBLE PARTY INFORMATION**

Name of Responsible Party: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

I acknowledge that I am the responsible party for (client) \_\_\_\_\_, and I agree to pay for homeopathic services at time of service.

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Glass Rock Homeopathy***  
**Health History and Inventory**

*This information is confidential and will only be released with your signed consent.*

Name \_\_\_\_\_ Today's date \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Height \_\_\_\_\_  
Email \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_  
Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician/Primary Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Reason(s) for seeking homeopathic care \_\_\_\_\_  
\_\_\_\_\_

**Family History**

*Check if family history is unknown.*

	Age	State of Health; If dead cause of death		Children	Age	Health status
Mother						
Father						
Siblings						

**Relationship**

alcohol/drug problem \_\_\_\_\_  
allergy/asthma \_\_\_\_\_  
anemia \_\_\_\_\_  
arteriosclerosis \_\_\_\_\_  
arthritis \_\_\_\_\_  
binge eating/anorexia/bulimia \_\_\_\_\_  
bleeding problems \_\_\_\_\_  
cancer \_\_\_\_\_  
diabetes \_\_\_\_\_  
gonorrhea \_\_\_\_\_  
epilepsy/seizure \_\_\_\_\_  
heart disease \_\_\_\_\_  
skin disease \_\_\_\_\_

**Relationship**

high blood pressure \_\_\_\_\_  
high cholesterol/fat \_\_\_\_\_  
kidney disease \_\_\_\_\_  
liver disease \_\_\_\_\_  
mental illness \_\_\_\_\_  
obesity \_\_\_\_\_  
stroke \_\_\_\_\_  
suicide \_\_\_\_\_  
thyroid disease \_\_\_\_\_  
tuberculosis \_\_\_\_\_  
ulcer \_\_\_\_\_  
syphilis \_\_\_\_\_  
other \_\_\_\_\_



## PAST HISTORY OF ILLNESS and MEDICAL PROBLEMS

**Surgery: List all surgery and approximate dates**

**Other Hospitalizations and dates**

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**Broken bones and/or traumatic injuries**  
**Include all car accidents or concussions**

**Major complaints and duration**  
**Example: High Blood Pressure 10 yrs**

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### PAST HISTORY

	WHEN		WHEN		WHEN
Acne	<hr/>	Epilepsy	<hr/>	Neurologic Problem	<hr/>
AIDS	<hr/>	Epstein Barr	<hr/>	Nightmares, frequent	<hr/>
Alcohol/Drug problems	<hr/>	Fibrocystic breasts	<hr/>	Overweight 20#	<hr/>
Allergies	<hr/>	Fibroids	<hr/>	Pelvic infection	<hr/>
Amalgams/silver fillings	<hr/>	Gallbladder problems	<hr/>	Stomach ulcer	<hr/>
Anemia	<hr/>	Glasses/contacts	<hr/>	Periodontal disease	<hr/>
Antibiotics more than	<hr/>	Glaucoma	<hr/>	Phlebitis	<hr/>
once a year	<hr/>	Gonorrhea	<hr/>	Pneumonia	<hr/>
Anxiety	<hr/>	Gout	<hr/>	Premenstrual tension	<hr/>
Arteriosclerosis	<hr/>	Hay fever	<hr/>	Prostate problem	<hr/>
Arthritis	<hr/>	Hearing problem	<hr/>	Psychotherapy	<hr/>
Asthma	<hr/>	Heart attack	<hr/>	Reactions to	<hr/>
Back pain/strain	<hr/>	Heart failure	<hr/>	vaccinations	<hr/>
Binge eating	<hr/>	Heart problem	<hr/>	Rheumatic fever	<hr/>
Bladder infections	<hr/>	Hemorrhoids	<hr/>	Root canal	<hr/>
Blood clots	<hr/>	Hepatitis	<hr/>	Scarlet fever	<hr/>
Breast fed	<hr/>	Herpes	<hr/>	Sexually transmitted	<hr/>
Breast lump	<hr/>	Hiatal Hernia	<hr/>	disease	<hr/>
Bronchitis	<hr/>	High Blood Pressure	<hr/>	Sinusitis	<hr/>
Bulimia	<hr/>	High cholesterol/	<hr/>	Skin problems	<hr/>
(self-induced vomiting)	<hr/>	triglycerides	<hr/>	Sleep disorder	<hr/>
Cancer	<hr/>	Histoplasmosis	<hr/>	Stroke	<hr/>
Cataract	<hr/>	Hives	<hr/>	Suicide attempt	<hr/>
Chemical sensitivity	<hr/>	Hypoglycemia	<hr/>	Syphilis	<hr/>
Chicken pox	<hr/>	Infectious mono.	<hr/>	Taken steroid	<hr/>
Chronic fatigue	<hr/>	Insomnia	<hr/>	(cortisone/prednisone)	<hr/>
Coccidioidomycosis	<hr/>	Kidney infection	<hr/>	Thyroid problems	<hr/>
Colds, frequent	<hr/>	Kidney stones	<hr/>	Tonsillitis	<hr/>
Colitis	<hr/>	Kidney problem	<hr/>	Tooth problems	<hr/>
Congenital defect	<hr/>	Liver disease	<hr/>	Tuberculosis	<hr/>
Counseling	<hr/>	Measles	<hr/>	Urine problems	<hr/>
Depression	<hr/>	Menstrual problem	<hr/>	Vaginitis	<hr/>
Diabetes	<hr/>	Mental illness	<hr/>	Vision problem	<hr/>
Ear infection	<hr/>	Migraine	<hr/>	Other problems	<hr/>
Eczema	<hr/>	Mumps	<hr/>		<hr/>
Endometriosis	<hr/>	Nervous condition	<hr/>		<hr/>

## PERSONAL HISTORY

Current medications  
(list all prescription and non prescription)

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Vitamin and mineral substances  
(type and dosage)

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### Allergies

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### Lifestyle

Favorite foods or cravings

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Interests, Hobbies, Relaxation, Recreation

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I am now or have been a smoker: \_\_\_ yes \_\_\_ no

How many years have you smoked?

When did you quit?

My sex life is satisfactory: \_\_\_ yes \_\_\_ no

My spiritual life is satisfactory: \_\_\_ yes \_\_\_ no

I estimate my use of:

Coffee: \_\_\_ cups/day      Decaf: \_\_\_ cups/day

I find my work:

\_\_\_ too demanding      \_\_\_ boring  
\_\_\_ satisfying      \_\_\_ very satisfying

I consider myself a:    \_\_\_ non-drinker  
\_\_\_ social drinker    \_\_\_ heavy drinker  
\_\_\_ alcoholic      \_\_\_ recovering alcoholic

I sleep well: \_\_\_ yes \_\_\_ no

I use: \_\_\_ marijuana    \_\_\_ other drugs

I worry about:    Money    Job    Family Life  
                         Relationships    Other \_\_\_\_\_

I exercise on a regular basis: \_\_\_ yes \_\_\_ no  
                         \_\_\_ times per week/month

I have been a victim of abuse:    Physical  
   Emotional      Sexual

I currently see a chiropractor, osteopath or  
other physical therapy practitioner: \_\_\_ yes \_\_\_ no

I am fearful of:    animals    people    being alone  
                         darkness    death    disease    high places  
                         robbers    sudden noises    thunder  
                         the future      the unknown  
                         other \_\_\_\_\_

My last physical exam was \_\_\_\_\_

### Life Changes

In the past 12 months, what changes have occurred in your:

**1. Personal life:**

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**2. Family life:**

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**3. Social Life:**

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**4. Work Life:**

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**5. Sex Life:**

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***Thank you!*** This will be reviewed at our initial visit-with the goal of improving YOUR health and sense of wellness!

## **Glass Rock Homeopathy Fee Schedule\*\***

### **Consultation Fees**

Initial Consultation — \$400

Youth Initial Consultation (up to 15 years) — \$200

Follow-up Consultation — \$120

Youth Consultation (up to 15 years) — \$80

### **Acute Consultations**

- Established client, Monday-Thursday, before 3pm — \$45
- Established client, after hours — \$65
- New, not yet established client — \$75
- includes office, phone, virtual, text or email consultations

Three-Pack — prepay three appointments and save 10%

### **New Client Deposit: \$100**

### **Missed Follow-up Appointment: \$50**

New client deposits and cancellation charges are standard for homeopathic practices. Due to the limited number of available appointments, we require a \$100 deposit that will be applied to your first appointment fee at the time of service. In order for us to refund the new client deposit of \$100, we ask that you provide **72-hours (3 business days) notice** if you wish to cancel your initial consultation.

In order to avoid the \$50 Missed Appointment fee we ask **24-business hours notice** for cancelled follow-up appointments.

\*\* Fees subject to change

## GLASS ROCK HOMEOPATHY PAYMENT POLICY

Thank you for selecting Glass Rock Homeopathy. Given interactions between practitioners and clients can vary between direct consultation, phone sessions, third-party assisted acute consults and remedy orders, it is important to understand the payment policy for services.

- Payments for all homeopathic services and products are due and payable at time of service. This includes charges for telephone or virtual consultations, text and email charges and office visits.
- Remedy and product orders from Minnesota Center for Homeopathy (MCH) require a valid credit or debit card to process remedy orders to be mailed out or payment by cash, check or credit or debit card if picked up at MCH. Client is responsible for maintaining current information on file at MCH.
- Most insurance carriers, including Medicare and Medicaid, do not cover homeopathic services. Questions regarding services covered or not covered should be directed to your insurance carriers. This should be done prior to your appointment so that you are aware of your financial responsibilities. Note that our practitioners are qualified homeopaths, not medical doctors.
- If there are unusual circumstances that you feel warrant special financial arrangements, please discuss your needs directly with your practitioner at the time of your visit.

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## CREDIT/DEBIT CARD ON FILE AUTHORIZATION

The methods of payment for homeopathic services with Glass Rock Homeopathy are cash, check, credit card or debit card by invoice or at the time of service. Credit or debit card information may be held on file at the office. This eliminates the need to provide payment information or to process payments at each visit. All information is kept secure and confidential and can be updated or changed upon client request.

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Do you want receipts e-mailed:    Yes  
No

Other Authorized users of this Credit or Debit Card: \_\_\_\_\_

Cardholder Name (as it appears on the card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date (MM/YYYY): \_\_\_\_\_

Zip Code Card Bills to: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read the Payment Policy and agree to maintain a current Credit/Debit Card on File.*