



# THE HEALING HERBALIST

## Patient Information Form - Private & Confidential

This is an introduction to my clinic, and explains a few frequently asked questions. Please read the following information carefully.

**Background:** I am a Medical Herbalist & Naturopath with a double diploma who has undertaken a 4 year course at the College of Naturopathic Medicine.

**What can I expect?** The consultation, whether in person or on zoom, will take an hour. This is your time to share with me what exactly is going on with you in your own words. You will then be asked lots of questions. This allows me to formulate your health road map. If in person, I will then use some diagnostics, such as tongue, pulse and Iridology. Just like your GP, if deemed necessary & only with your consent, I may take your blood pressure, listen through a stethoscope, or perform an external abdominal examination. No internal examinations are performed at my clinic. Post consultation I will then make a bespoke herbal formula in my dispensary which I will send to you with a treatment advice sheet & approx 1 month later we will have a follow up to see how you are getting on and to ascertain what else is needed, or to adopt medicine accordingly.

**What do I need to bring / wear?** All pharmaceutical medicines and supplements you are currently taking (or at least a list of them) and any recent medical test results if available. Please wear comfortable every day clothing.

**Costs & Payment:** I'm £100 p/h and initial consultation is 1hr long. We will then do a 30 min follow up approximately 1 month later which costs £60. A 1 month supply of Herbal medicines (tincture, dried herb, powder, cream) will cost in the region of £50-80. Payment via bank transfer will need to be made in advance of your consultations. An invoice will then be sent for the bespoke medicines made from my Herbal Dispensary and sent to you.

**Cancellation Policy:** Cancellation within 24hrs of consultation charged at the full rate of £100.

**Safety:** Whilst every care is taken to provide you with the highest level of care and security, herbal medicine, like any medicine, can cause reactions which differ from person to person. Therefore if you have ANY concerns or queries please do not hesitate to contact me in advance of the consultation. Please make me aware of any allergies you may have.

**Consent:** I will collect relevant personal and medical information about you, including: name, date of birth, age, address, telephone number, email address, sex, marital status, children, occupation, height, weight, waist circumference, and GP contact details. I may also collect copies of test results, your medical history, and your current state of health as well as any relevant medical letters. I collect this information in order to conduct a consultation, from which I will then offer herbal medicine and naturopathic advice. I will process this information on the basis of your explicit consent. Your information will be kept for 7 years from the date of your appointment, unless you are under 18 in which case it will be kept for 7 years from the date you reach 18. If deemed appropriate, I will contact your GP but only after I have received your verbal or written consent.

I agree to the T&Cs & consent to my personal data being used in the manner set out above:

Signature: .....

Name: .....

Date: .....



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## Measure Yourself Medical Outcome Profile (MYMOP)

Full Name: ..... D.O.B: .....

Address: ..... Postcode: .....

..... Phone: .....

Email: ..... Date: .....

### WELLBEING

How would you rate your general feeling of wellbeing during the last week?

0     1     2     3     4     5     6

*As good as it could be*

*As bad as it could be*

### SYMPTOMS

Choose one or two symptoms (physical or mental) which bother you most. Over the last week, how bad has each symptom been?

Symptom 1:

0     1     2     3     4     5     6

.....

How long have you had this symptom for?

*As good as it could be*

*As bad as it could be*

Symptom 2:

0     1     2     3     4     5     6

.....

How long have you had this symptom for?

*As good as it could be*

*As bad as it could be*

### IMPACT

Choose one activity that is important to you (physical, social or mental) that has been affected by one or both of the symptoms above. How bad has it been in the last week?

Activity:

0     1     2     3     4     5     6

.....

*As good as it could be*

*As bad as it could be*

### MEDICATIONS

Are you taking medications for the problem(s)?

Yes     No

IF YES

Medication, Dosage and frequency:

.....

Cutting down on this medication is:

Not important     A bit important     Very important     N/A

IF NO

Avoiding medication for the problem(s) is:

Not important     A bit important     Very important     N/A