

**Homeopathy Initial Consultation Form (Confidential)**

Appointment date:

Clinic details:

Homeopath's name: Zoe Hopper *DipHom*

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**Please complete the following:**

Your details:

Full name:.....

Date of birth:..... Age:.....

Address:.....

Telephone number:.....

E-mail address:.....

Gender/ How you prefer to be referred to:.....

Children: Y/N..... Relationship status:.....

Occupation:.....

Your Doctor's details

Name:.....

Address:.....

Telephone number:.....

Do I have your consent to contact if necessary to do so: Y/N

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**Natural therapies: Homeopathy, Naturopathy, Sound Healing, Reiki**

**Your main symptoms**

Client initials:.....

Appointment date .....

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**Please choose one or two symptoms** (physical, emotional or mental) which bother you the most. Now consider how bad each symptom has been over the last week, and score it (highlight your chosen number). **0** is as **good** as it could be, **6** is the **worst**.

SYMPTOM 1:.....

0            1            2            3            4            5            6

SYMPTOM 2:.....

0            1            2            3            4            5            6

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**Now choose one activity** (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week. **0** is as **good** as it could be, **6** is as **bad** as it could be.

ACTIVITY: .....

0            1            2            3            4            5            6

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**Please rate your general feeling of wellbeing** during the last week? **0** is as **good** as it could be, **6** is as **bad** as it could be.

0            1            2            3            4            5            6

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How long have you had Symptom 1, either all the time or on and off:

0 - 4 weeks    4 - 12 weeks    3 months - 1 year    1 - 5 years    over 5 years

*Are you taking any medication FOR THIS PROBLEM? Please highlight: YES/NO*

*IF YES: Please write in name of medication, and how much a day/week:*

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**Natural therapies: Homeopathy, Naturopathy, Sound Healing, Reiki**

## Terms of Engagement, Data Protection & Consent Form

Homeopathy supports the body's natural defenses and resistance. However, no claim can be made about the efficacy of any Homeopathic or Naturopathic advice.

Homeopathic & Naturopathic therapies are not a substitute for professional medical advice and treatment.

### **Me (the practitioner), You (the client)**

Homeopathic & Naturopathic advice will be tailored to support your medically diagnosed conditions and/or health concerns agreed and identified by me as your practitioner and you as the client.

You are responsible for contacting your Doctor or specialist about any health concerns you may have.

Please advise your Doctor of the Homeopathic protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting.

It is important that you tell me about any medical diagnosis you have received or about any prescription medicine, herbal medicine, food supplements or over the counter medication you are taking as it may affect the Homeopathic protocol.

If you are unclear about any part of your Homeopathic protocol then you should contact me immediately.

Your Homeopathic protocol will have a time frame and you should not continue with recommendations outside of this time frame unless agreed in order to avoid any adverse reactions.

Please report any concerns about your protocol to me for discussion at your next consultation.

### **Data Protection information and consent**

The changes in Data Protection Legislation that came into force on 25<sup>th</sup> May 2018 legally oblige me to provide you with the following information and to ask you to give your consent for me to hold your personal data

#### *What is included under personal data?*

The personal data I hold about may include:

- Your phone number, email address and postal address
- Emails and email attachments, SMS/Whatapp messages we have exchanged
- The Homeopathy Initial Case and MYMOP forms which you have completed
- Brief notes for each consultation we have

#### *How do I store your personal data?*

- Your completed Forms will be stored securely in a locked filing cabinet/ or stored on a password-protected computer.
- Your phone number is stored on my mobile phone under your first name or initials (no surname is used), as are any SMS/Whatsapp messages and record of phone calls. My phone is code-locked and is kept secure at all times.
- Our email correspondence is password-protected and my email service provider ensures that the emails are secure and encrypted
- Consultation records are kept as hard copy in a locked filing cabinet/ or stored on a password-protected computer.
- Appointments are booked in my electronic calendar/diary with your first name only.

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## Natural therapies: Homeopathy, Naturopathy, Sound Healing, Reiki

*Why do I need to hold your personal data?*

- In order to be able to communicate with you via phone, email or post if necessary.
- So that I have a record of your attendance and a note of important factual information that may be of significance in our consultations.
- It is a requirement of my insurance provider.

*How long will I keep your personal data for?*

- My insurance provider requires me to keep any client records for seven years after completing treatment.
- After seven years from completion of consultations, all electronic data will be permanently deleted, and any hard copies shredded and disposed of.

*Your right to see the personal data I hold about you*

- The legislation states that you have the right to see the personal data I am holding about you
- If you wish to do so, you can ask to see your personal data, and I will be required to provide this for you within 40 days of your request.

*When may I share you personal information with third parties*

There are a limited number of circumstances in which I may share your personal data and other information with third parties:

- Where required by the court of law.
- If your safety or that of a vulnerable adult or child is imminently at risk.
- If you request and/or give me consent to share your information with another health professional for the purposes of improving your care.

**Please read and sign the following:**

*I have read and understood the above information and agree for my personal data to be held and processed by Zoe Hopper in the ways and for the purposes described above. I also understand and agree that our professional relationship will be based on the above content of this document.*

*I understand my case will not be videotaped and I also understand that my case may be written up as a case study but that my name and any personal identifiable details will be removed from the written submission.*

Further details with regards to how my personal data is processed are available at <https://flourishandflow.co.uk/privacy-policy>

I consent to my personal data being used in the manner set out above:

Name:.....

Signature:.....

Date:.....