



Please send this completed form to your GP or consultant

**Dear Dr:**

**Your patient:**

**DOB:**

**Address:**

Has attended for/ requested Complementary and Natural therapy, please see below for details.

In the interest of professional practise, I have asked this person to inform you of this and invite any questions or concerns you might have.

I am a qualified and registered multi-disciplinary Complementary Health Practitioner. I am registered with several organisations including the CNHC.

The CNHC holds a register accredited by the Professional Standards Authority for Health and Social Care (PSA). As a registered practitioner I have demonstrated that I meet UK wide standards and abide by a rigorous code of conduct. My registration details and further information about my practice are available by visiting [www.elementalhealth.net](http://www.elementalhealth.net)

Yours sincerely

CNHC Reg, MAA, RBAF, MIFPA, ACHO Reg, MSET



**Therapy:** (Patient please complete)

Acupuncture (TCM), Auricular Acupuncture, Reiki, Aromatherapy, Crystal Therapy, Other:

**Reason for Visit:** (Patient please complete)

Pain, Tension, Stress, Mood, Wellbeing, Other:

**Medical conditions:** (Patient please complete)

Diabetic, BP, Heart problems, Cancer, Transplant, Other

Consent given for professional communication between GP/medical practitioner and Heather Fields.

**Sign** (Patient):

**Date:**

**GP/Medical practitioners concerns raised (if any):**

**Sign:** (GP/ Medical practitioner):

**Date:**

Please contact Heather Fields if you wish to discuss: 07931222414 or [info@elementalhealth.net](mailto:info@elementalhealth.net)