

# NEW PATIENT FORM



**Herbal Comfort**

Holistic approach to your healthcare using herbal medicine

Name:

Date of Birth:

Occupation:

Next of Kin:

Address:

Telephone:

Mobile:

Email address:

GP's name, address and telephone number:

Height:

Weight:

Allergies:

Current medication:

Current supplements:

How did you find out about Herbal Comfort?

Recommendation ☐ Internet search ☐ Facebook ☐ Nat.Inst. of Medical Herbalists' website ☐

Leaflet ☐ Advert ☐ Magazine ☐ Newspaper ☐ Talk ☐ Other ☐

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