

Herbal treatment consent form: adult

PATIENT NAME:

DATE OF BIRTH:

PRACTITIONER:

“I have discussed confidentiality, what the treatment is likely to involve and what to expect, including the likely duration of treatment and what to do if there is a negative reaction to the herbs.”

The patient has been informed of the clinic privacy notice, available here:

<https://markpillans.uk/clinic-privacy-policy/>

Signed:

Date:

PATIENT:

I agree to undertake herbal medicine treatment as outlined by **Mark Pillans**, the herbalist and confirm that I have the right to withdraw my consent to treatment at any time.

I understand that herbal treatment does not replace orthodox medical treatment, that **it is important to contact my doctor and Mark Pillans** if there is any major change in my health, and I will stop taking the herbs and contact Mark Pillans, the herbalist should I have a reaction to them.

Signed:

Date: