

Date: _____

PATIENT DETAILS

Reg.No: _____

Name: _____

Address: _____

Mobile: _____ Age/Gender: _____ Marital status: _____

Height / Weight: _____ BP: _____ Pulse: _____

Temp: _____ RBS: _____

Patient Complaint(s): _____

History: _____

Diagnosis



GENERAL TERMS AND CONDITION & CONSENT

- ▶ I state, that the details given by me in the form above are accurate.
- ▶ I understand that if any history is not revealed at that time of consultation, diagnosis made, and treatment given by the Herbalist may vary accordingly. I undertake to provide such missing/forgotten information to the Herbalist as early as possible so that necessary corrections in the treatment can be made.
- ▶ I undertake to get investigations as advised by the herbalist during the consultation process and bear the responsibility to correctly and fully inform the doctor as early as possible.
- ▶ I understand that the record will be kept confidentially by consultants of Wow Herbs / Pure Herb Limited.
- ▶ I will not hold herbalist negligent, if there is any error in judgment on the part of the herbalist.
- ▶ I am giving above consent without any pressure or force, and I am not under influence of any drugs or alcohol while I am agreeing to this consent.
- ▶ I hereby also confirm to the privacy policy of the Wow Herbs / Pure Herb Limited.

Signature: _____