

Patient/Practitioner Agreement for Distance Consultation

Please read carefully, sign and return prior to your consultation with your questionnaire and photo.

Date.....

Patient Name.....

- I understand that the best outcome for a homeopathic treatment is achieved by a face-to-face consultation.
- I realise that physical examination, which may be a necessary and crucial element of an accurate health assessment, will not be possible in a distance consultation.
- With these factors in mind, I choose to have a distance consultation with Jon Gamble and/or Nyema Hermiston.

Sign **one** of these:

- Signature

.....

- Signature of parent

.....Print name.....

Please email/fax or post:

- Fax: 61 2 4872 1261
- Post: **Karuna Health Care** 83 Bowral Road Mittagong NSW 2575
- Email: Jon Gamble: karuna@bigpond.net.au
Nyema Hermiston: nyema@bigpond.net.au