

## Information Sheet for - Keith Farvis RCST BCST RPP(UK)

Please fill in this sheet to save time during your appointment. You may continue writing any section overleaf if you need to. For a baby or child, fill in their name and age.

Name:	Today's date:
Age:	
Address:	
Email address:	
Telephone daytime:	evening:

How did you hear about me:
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1. Reason for coming for treatment:

2. List any current medical conditions and any medication taken for them.

3. List any operations or hospitalisations, including when and for what.

It is helpful for me to get feedback on people's experience of treatment so that I can improve my practice.  
May I contact you (preferably by email) within a month of your last appointment to request any feedback.

YES / NO (circle as appropriate)

Thank you  
Keith Farvis