

Patient/Practitioner Agreement for Distance Consultation

Please read carefully, sign and return prior to your consultation with your questionnaire and photograph of your tongue .

Date.....

Patient Name.....

- I understand that the best outcome for a traditional Chinese medicine 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 Danielle DeFreitas.

*Sign **one** of these:*

- Signature

.....

- Signature of parent

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

Please email: orientmedicine@gmail.com