Name:

 Age: Occupation:

 Tel: Email:

***Please give your medical details in about 100 words as requested below:***

***Your current and recent medical problems; any referrals, investigations, tests and treatment you have had or are having:***

***What medications are you taking or have you taken recently?***

***Have you had any major illnesses or operations? Do you have any allergies?***

***Is there anything else of note?***

|  |
| --- |
| Which treatment(s) have you previously had at The Park Clinic? [ ]  Ayurveda & massage therapy[ ]  Traditional Chinese Medicine & Acupuncture[ ]  Western Herbal Medicine |

Your case will be reviewed by our practitioners to determine your suitability for being a model patient for the exams.

We aim to get back to you as soon as possible.

**Thank you for your interest in being a model patient.**