



Step by Step Homeopathic Project

Referral Form

This form is for clients of Second Step.
It needs to be completed **before** an appointment.

Clients name:.....

Contact telephone number:.....

Address:.....

.....

Please indicate if you are able to pay £6.00 for treatment: Yes No

Referred by (Second Step):

Reason for treatment:

.....

.....

.....

GP Details:

Name:

Surgery:.....

Client's signature:

Date:.....

**Completed forms should be given to the Homeopaths – Nicky, Wendy or Usha
before an appointment.**

Please note your GP may be notified of your involvement in Homeopathic treatment.



Step by Step Homeopathic Project

Consent Form

This form is for clients of Second Step.
It needs to be completed **before** an appointment.

- I have been informed about the Second Step Homeopathic project in Bristol.
- I would like to receive Homeopathic treatment.
- I understand that what I say in consultation with the Homeopaths will remain strictly confidential. However, I do understand that confidentiality may be breached if it may lead to preventing a serious crime or if there is a concern for the safety of myself or others.
- I understand that my GP or other health professional may be informed that I am receiving Homeopathic treatment.
- I am aware that I need to keep the Homeopaths and Second Step staff informed of any negative or positive effects on my health during treatment and that the treatment can be stopped by me or the Homeopaths at any time.
- I hereby fully consent to participate in this Homeopathic service, which has been fully explained to me.

Client's name (block capitals please):

Client's signature:

Second Step Support Worker Name:

Second Step Support Worker Signature:

Date:

**Completed forms should be handed in to reception at 9 Brunswick Square
Your GP may be notified of your involvement in Homeopathic treatment.**