



SUOMEN HOMEOPAATTIT RY
FINLANDS HOMEOPATER RF

Homeopathic treatment

Personal data

Name

Date of birth

Address

Email

Phone number

I consent to this form being saved and stored by my homeopath, including the notes regarding my homeopathic treatment. I have read the homeopath's own statement on his/her customer database. I shall not stop any treatment or stop taking any medication prescribed by my doctor without consulting him/her first.

All information provided will be treated confidentially.

Yes No

Signature Date and Place