

HARALD C. GAIER

ND, DO, DHomM, RH(MHA), DipAc, FHoMASA, FFRSH

Natural Family Health

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Registrations

General Osteopathic Council - registration no: 1\1481\F
Homœopathic Medical Association - registration no: 326
British Medical Acupuncture Society - registration: 04899
Société Internationale d'Acupuncture - registration: 82106
Allied Health Professions Council SA - registration no: A0240
Member of the General Council & Register of Naturopaths
Registered Medical Herbalist: Master Herbalists Association
Fellow Homœopathic Medical Association of South Africa
Fellow Royal Society for the Promotion of Health no: 66124
Referral from NHS - Independent CAM Provider no: 8AG45

TREATMENT INFORMATION

Dear

We have made an appointment for you on at

to see our naturopathic physician Harald C Gaier.

PLEASE READ CAREFULLY THE ENCLOSED INFORMATION FROM DR. GAIER:

The notes are intended to give you an overview of my approach to treatment.

I am a UK registered naturopath, osteopath, medical herbalist, homœopath and acupuncturist, who is also State-registered in South Africa as a doctor of naturopathic medicine. My method of diagnosis is similar to the practitioner of conventional medicine, with the added dimension of an osteopathic examination, when required. The true difference lies in my prescriptions, which are herbal and homœopathic medicines, as well as nutritional supplements, and perhaps osteopathic manipulative therapy.

In designing a programme to improve your health, we have to work together. In almost every case, I will be recommending changes in your lifestyle: for example, your diet. Our success is dependent on your willingness and ability to make a commitment to those recommended lifestyle changes and to give me full information about your progress between appointments. If you are concerned about any aspect of my advice to you, please tell me. Many times there is an alternative available.

TESTS: I may recommend that you undergo tests, such as blood, urine, ultra-sound and allergy screening. I will tell you in advance the cost and the information to be obtained. It is your choice whether you wish to have tests conducted. The results are often very helpful in designing future treatments, although in some cases, tests results are inconclusive or insufficient to provide a clear answer. As in conventional medicine, it may take a period of time before substantial improvement is achieved. Nonetheless, many patients have found quick relief through the treatments, the remedies and the advice prescribed.

APPOINTMENTS: Please arrive punctually, with your 'History/Symptom Worksheets' completed. The first appointment is up to an hour and costs £180, including VAT. I will review the questionnaire which you have completed and will ask you additional questions about your health. Physical examinations and/or auricular VAS tests may also be involved. There will always be a second and very often further appointments when I shall review your progress. These are, each, up to 30 minutes and are charged at £90, including VAT. [Charges in effect from: 20/07/2005.] Follow-up consultations by telephone are charged at the same rate.

At the end of each appointment a debit note will be given to you for immediate payment by cash, cheque or debit/credit card. Please note that a 50% cancellation fee is due on any appointment cancelled with less than 24 hours' notice, and the full fee is due for any appointment not kept.

Appointments can be booked and cancelled online, via my website <www.drgaier.com> or by contacting my PA, Gerrie Coertzen on 079 1766 2042. If he is not available, please do leave a message.

All tests and prescribed medicines and supplements are in addition to my fee. I am able to provide a few test results myself and medicines (if you wish) through a postal dispensary service. I may ask you to go to a local laboratory or clinic for blood and other tests.

Thank you for taking the time to read these notes. I would ask that you sign below to confirm that you have received a copy of my TREATMENT INFORMATION sheet.

This form should be signed in duplicate. Please bring a signed copy of this form with you to your initial consultation.

(date)

(Patient's or Parent's/Guardian's signature)
