

CONFIDENTIAL ENQUIRY FORM Chinese Medicine Advisory Service

Patient Details

Patient initials or identifier: _____ Sex: M / F _____ Age (at time of reaction): _____

Identification number (Your Practice / Hospital Ref): _____

Details of suspected herbal preparation(s)

Source: herbal practitioner /supplied over the counter or pharmacy/self prescribed (delete those not applicable)

Name: Herb/product/ingredients in Chinese or English

Route: _____ Dosage _____
 Date started _____ Date stopped _____
 Reason for use: _____

Date of onset of symptoms: _____

Please attach additional means of identification such as a label, packaging, written prescription. If herbs were supplied, please send the packet of herbs and the written prescription if possible. We can translate any Chinese packaging or prescriptions.

Additional relevant information

e.g. medical history, test results, known allergies, rechallenge (if performed), suspected drug interactions.

Reason for referral (Or what is your question?)

Herbal Practitioner details

Name: _____ Professional address: _____
 Tel No: _____ please tick if patient consents for us to contact the practitioner

Reporter details

We may use this information to contact you

Name: _____ Position: _____ Speciality: _____

Professional address / practice stamp: _____

Tel No: _____ e-mail address: _____

Return form by fax to 020 7188 0700; or email: chimas@gstt.nhs.uk; or post: ChiMAS, Medical Toxicology Information Services, Mary Sheridan House, Guy's Hospital, London SE19RT

Please indicate if you do not wish us to forward these details to the Commission on Human Medicines:
 I DO/DO NOT wish this information to be passed to the CHM