

PATIENT AGREEMENT FORM

Please read and fill in the following Patient Agreement Form carefully.

Your signature is required in writing so please print out this form and sign it before sending to Dr Paivi Shedd. You must upload the signed form when you are booking your first consultation.

Full name

Date of Birth

Address

Post code

Country

Phone number

Email

Before starting Bio-identical Hormone Replacement Therapy under the care of Dr Paivi Shedd, it is important that you understand the treatment requirements and how your consultations will proceed as they are done remotely.

Due to the ongoing Covid-19 pandemic, all clinic consultations have been cancelled for the time being. This means that you can begin and continue your Bio-Identical Hormone Replacement Therapy treatment only if you are able to see your own doctor at the beginning of your treatment and have regular health screenings done once (1) a year by a health care physician. This is required as a mandatory monitoring process of your well-being and health status during your treatment.

It is also mandatory that you see your own doctor before the start of your treatment as Dr Paivi Shedd will require laboratory tests in order to customize your treatment plan according to your health needs.

Remote consultations with Dr Paivi Shedd are video chats or Skype telephone calls. All available consultations can be booked on our website.

As a new patient you must fill out a questionnaire and book a "First Appointment" in order to begin. This first appointment is a 45 minute Skype video or telephone call during which Dr Paivi Shedd will assess your overall health status and determine the right treatment plan for you. Dr Paivi Shedd will then refer you to your own doctor as well as specific laboratory tests.

After you have sent your laboratory test results to Dr Paivi Shedd, you will receive your treatment plan with specific instructions on how to proceed. You can upload your laboratory test results and other additional information requested by Dr Paivi Shedd using the "enquiries"-online form.

- I understand that in order to begin and continue my Bio Identical Hormone Treatment I must make an appointment with my health care physician and have regular health checkups with my health care physician once (1) a year and will arrange these appointments accordingly.

- I understand that my Initial Consultation and all Follow Up Consultations with Dr Paivi Shedd are done remotely using Skype videocalls or telephone calls.

- I will provide laboratory test results to Dr Paivi Shedd as requested and understand that additional laboratory testing may sometimes be necessary for health monitoring purposes.

- I understand that all laboratory tests and visits to my own health care physician are not included in the fees provided by Dr Paivi Shedd.

- I agree to request prescription renewals 3-4 weeks in advance and understand that new hormone orders take 2-3 weeks to process.

Signature

Date