

Dr Foster Complementary Practitioners' Directory 2007

Questionnaire for members of the Faculty of Homeopathy

The aim of the 2007 CAM Directory is to help anyone seeking a complementary medicine practitioner. It can be used to find a practitioner who meets an individual's specific requirements, for example one who has a special interest in a particular problem or who works locally at convenient times.

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Please complete using BLOCK CAPITALS

Are you (please tick):

- a homeopathic doctor
- a homeopathic nurse or midwife

	About you	Answer
1	Title	Mr Ms Miss Mrs Dr Other _____
2	Forename	
3	Surname	
4	Your email address (to contact you, not for publication)	
5	What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female
6	What age group are you in?	<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+
7	For how many years have you been practising homeopathy?	<input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+
8	Please state your level of qualification:	
	<input type="checkbox"/> FFHom	Are you on the Specialist Register? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> MFHom	Are you on the Specialist Register? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> LFHom	
	<input type="checkbox"/> MFHom(Nurse)	
9	With which statutory body are you registered?	
	<input type="checkbox"/> General Medical Council	
	<input type="checkbox"/> UK Nursing and Midwifery Council	
	<input type="checkbox"/> Other (please specify)	

Your practice		
10	What times of day are you regularly available to practise homeopathy?	
	Monday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Tuesday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Wednesday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Thursday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Friday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Saturday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
	Sunday	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
11	Do you carry out home visits:	
	during normal practice hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	outside of normal practice hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	How do you practise homeopathy:	
	a) as a GP who sees patients registered at your practice? If YES, please provide your practice address	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Practice name	
	Address line 1	
	Address line 2	
	Town	
	County	
	Postcode	
	Telephone	
	b) as a physician accepting NHS referrals? If YES, please provide your practice address if this differs from above	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Practice name	
	Address line 1	
	Address line 2	
	Town	
	County	
	Postcode	
	Telephone	
	c) as a specialist in an NHS homeopathic hospital? If YES, please indicate which hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Bristol Homeopathic Hospital	
	<input type="checkbox"/> Glasgow Homeopathic Hospital	
	<input type="checkbox"/> Department of Homeopathic Medicine, Liverpool	
	<input type="checkbox"/> Royal London Homeopathic Hospital	
	<input type="checkbox"/> Tunbridge Wells Homeopathic Hospital	

Your practice continued	
d) as a homeopathic physician seeing patients privately? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide up to two practice addresses where you see patients, and indicate which type is seen at each:	
Practice 1 name	
Address line 1	
Address line 2	
Town	
County	
Postcode	
Telephone	
Reduced fee/subsidised clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patients with private health insurance seen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Practice 2 name	
Address line 1	
Address line 2	
Town	
County	
Postcode	
Telephone	
Reduced fee/subsidised clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patients with private health insurance seen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e) as a homeopathic nurse/midwife in an NHS hospital clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify which hospital _____ hospital	
f) as a homeopathic nurse/midwife working in general practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide your practice address	
Practice name	
Address line 1	
Address line 2	
Town	
Country	
Postcode	
Telephone	

Your practice continued		
	g) as a homeopathic nurse/midwife seeing patients privately? If YES, please provide up to two practice addresses where you see patients, and indicate which type is seen at each	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Practice 1 name	
	Address line 1	
	Address line 2	
	Town	
	County	
	Postcode	
	Telephone	
	Reduced fee/subsidised clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patients with private health insurance seen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Private patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Practice 2 name	
	Address line 1	
	Address line 2	
	Town	
	County	
	Postcode	
	Telephone	
	Reduced fee/subsidised clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patients with private health insurance seen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Private patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	During a calendar month, how many patients (both NHS and private) do you treat on average?	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 71-100 <input type="checkbox"/> 101+
Your treatment		
14	During initial consultations, do you always record:	
	past medical history	<input type="checkbox"/> Yes <input type="checkbox"/> No
	family history	<input type="checkbox"/> Yes <input type="checkbox"/> No
	details of current medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
	information about the patient's general health	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Do you routinely ask all private patients if their GP is aware of the problem for which they are seeking treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.1	Do you routinely seek permission from all your private patients to inform their GP of their diagnosis and/or progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Assuming it has been supplied verbally, which of the following information would you provide in writing for patients? (please tick)	
		<input type="checkbox"/> routinely <input type="checkbox"/> if asked
	what the treatment will involve	
	other treatment options for their condition	
	how long to wait to test the reaction of a remedy	
	possible antidotes to a remedy	
	how much the treatment will cost	
	how payment should be made (e.g. per session)	
	how to contact you outside clinic hours	

Your treatment continued		
17	When assessing and monitoring a patient's progress, which of the following do you use routinely?	
		<input type="checkbox"/> Patient's verbal reports
		<input type="checkbox"/> Changes in patient's condition
		<input type="checkbox"/> Performance of a specified activity
		<input type="checkbox"/> Glasgow Homeopathic Hospital Outcome Scale
		<input type="checkbox"/> MYMOP scale
		<input type="checkbox"/> Other (please specify)
18	As part of your treatment, do you offer advice on any of the following:	<input type="checkbox"/> exercise <input type="checkbox"/> nutrition <input type="checkbox"/> lifestyle <input type="checkbox"/> stress
19	What is the average length of your appointment, in minutes, for initial consultation?	<input type="checkbox"/> under 45 <input type="checkbox"/> 45-90 <input type="checkbox"/> 90+
20	What is the average length of your appointment, in minutes, at subsequent consultations?	<input type="checkbox"/> under 15 <input type="checkbox"/> 15-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 45+
21	How many hours have you spent during the last 12 months on:	
	educational activities	<input type="checkbox"/> none <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12+
	planned private study	<input type="checkbox"/> none <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+
Your fees		
22	What are your fees for private patients:	
	at initial consultation	<input type="checkbox"/> under £40 <input type="checkbox"/> £41-55 <input type="checkbox"/> £56-75 <input type="checkbox"/> £76-95 <input type="checkbox"/> £96+
	at follow-up consultations	<input type="checkbox"/> under £30 <input type="checkbox"/> £31-45 <input type="checkbox"/> £46-60 <input type="checkbox"/> £61-75 <input type="checkbox"/> £76+

Please return completed forms via post to the address below:

Cam Directory
Dr Foster Research Ltd
12 Smithfield Street
London
EC1A 9LA

Or by fax to 020 7332 8825