**ATMS Practitioner and Client**

**Case Study Request Form**

**The Australian Traditional-Medicine Society (ATMS) is asking our accredited natural medicine practitioners for help to collect case studies about their clients’ experiences with natural medicine.**

**Help ATMS raise awareness about the many success stories from the natural medicine industry, as we raise public awareness of the important role of natural medicine in Australia.**

**Join the *I Support Natural Medicine and I Vote* campaign!**

As part of the ATMS **I Support Natural Medicine and I Vote** campaign, we need clients’ success stories from using natural medicine. These provide positive case studies for our publicity purposes and help us to lobby against the Government announcement to remove the private insurance rebate for many modalities.

Your case studies will be used as content on the ATMS website <http://www.atms.com.au/> and the Natural Medicine Week website <http://naturalmedicineweek.com.au/>

**IMPORTANT: Customer Consent and Privacy**

Ethically, each case study will require the practitioner and their client to consent to the publication of their case study, and provide some personal details to validate their story, although for privacy not all the information provided will be published.

*NB: Please be aware once a practitioner has provided a case study, ATMS’s communications partner* [*Zadro*](http://www.zadroagency.com.au) *may be in contact to understand the story further and ask any additional questions.*

**PRACTITIONER**

**Full Name:**

**Phone:**

**Email:**

**Accredited Modality:**

**ATMS Member Number:**

**CLIENT**

**Full Name:**

**Age:**

**Occupation:**

**Phone:**

**Email:**

**Month and Year of the first visit to this practitioner:**

**Name of the main therapy used:**

**CLIENT CASE STUDY DETAILS**

**Can you name the problem you sought help for?**

**Why did you decide to visit a natural medicine practitioner for help with this problem?**

**How did you choose your Practitioner?**

**Please describe your experience of what happened since starting with the help you received from this practitioner:**

**On a scale of 1 to 10, where 1 is no improvement, and 10 is great improvement, what score would you give this practitioner’s help?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**Have you ever seen any other practitioners for this problem before this practitioner?**

**On a scale of 1 – 10 (1 is low and 10 is high) how likely are you to recommend a natural medicine practitioner to your friend?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**CLIENT CONSENT FORM**

I authorise the Australian Traditional-Medicine Society (ATMS) to make use of my written notes for inclusion in the **I Support Natural Medicine and I Vote** campaign. I understand that I am approving a written case study that will be published on, but not limited to <http://naturalmedicineweek.com.au/> and <http://www.atms.com.au/> as part of this campaign.

I understand that I will receive no compensation for this, and ATMS shall have the complete ownership of my case study notes that I have freely provided. I give ATMS the right to include my initials and age for authentication of my case study in their publicity for the **I Support Natural Medicine and I Vote** campaign and its associated activities.

Signature:

Full Name (please print):

Address:

City: State: Post Code:

Date:

**PRACTITIONER CONSENT FORM**

I authorise the Australian Traditional-Medicine Society (ATMS) to include my written comments as part of the **I Support Natural Medicine and I Vote** campaign. I understand that I am approving a written case study from my client that will be published on, but not limited to <http://naturalmedicineweek.com.au/> and <http://www.atms.com.au/> as part of the campaign.

I understand that I will receive no compensation for this. I approve that ATMS shall have complete ownership of the copy and case study I provide. I give ATMS the right to use my name, likeness and biographical material to publicise the **I Support Natural Medicine and I Vote** campaign and its associated activities.

ATMS may:

1. Use the content that I have provided
2. Make copies of the content I have provided for publicity purposes
3. Use my name and likeness for the purposes of education and promotion of the Australian Traditional Medicine Society, I Support Natural Medicine and I Vote Campaign and Natural Medicine Week.

Signature:

Name (please print):

Address:

City: State: Post Code:

Date: