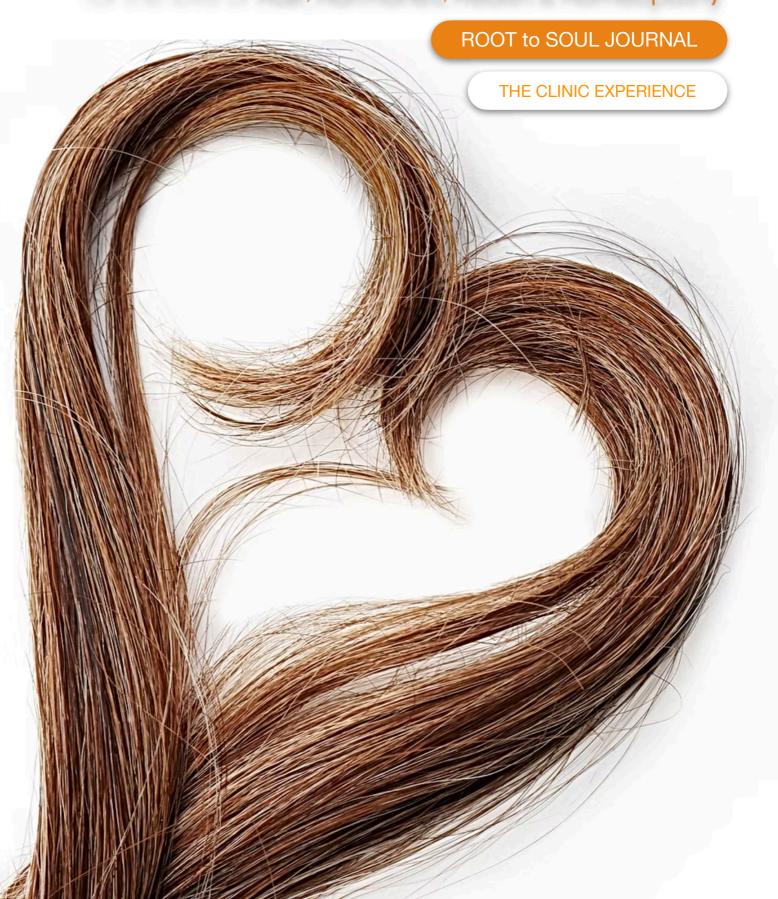
Gill Carrie

for the love of Hair, Hormones, Health & Homeopathy



Gill Carrie

BSc (Hons) Homeopathy & Licentiate (Middlesex University and CHE, London)

| RSHom | HCIT (Human Chemistry Integrated Therapy, Netherlands)

| Registered Homeopath | Professional Stylist | Holistic Wellbeing Practitioner

With over four decades in creative styling, salon ownership and holistic care – including an Investors in People award – my work has always been about helping others feel their best, inside and out.

This journal is the beginning of our work together. It allows me to see your health picture clearly and personally – giving me up to 90% of the insight needed to guide your care with precision and depth.

'The homeopathic consultation is paramount to building authentic and empowering practitioner-patient relationships and patient health and wellbeing outcomes. The whole person approach, the totality and individuality of the patient, sits at the centre of the homeopathic consultation.'

Gill Carrie, 2021

You can view more Consultation Information at gillcarrie.com

VIEW ROOT to SOUL MENU

BOOK NOW

CONSULTATION with GILL CARRIE

ALL INFORMATION IS STRICTLY CONFIDENTIAL

YOUR FULL NAME:
YOUR ADDRESS [inc. Post Code]:
YOUR TELEPHONE NO:
YOUR EMAIL:
YOUR GP & SURGERY:
YOUR SPECIALIST/S:
REASON FOR YOUR VISIT:
WHEN FIRST OCCURRED?
ANY OTHER CURRENT COMPLAINTS:
WHEN FIRST OCCURRED?
EXPECTED OUTCOME FROM 1st CONSULTATION:
OVERALL, AIM + BY WHEN:
YOUR OCCUPATION:
YOUR DATE OF BIRTH:
1. CONSULTATION CONSENT: I GIVE MY CONSENT FOR TREATMENT WITH GILL CARRIE Online Consultations, Health & Wellbeing Coaching & Support, Homeopathic Treatment incorporating Classical Homeopathy, Homeopathic Detox Therapy, Human Chemistry Integrated Therapy, Natural Balancing Therapy, Organ System Support, Orthomolecular Supplements.

2.CONTACT CONSENT: I GIVE MY CONSENT FOR CONTACT BY GILL CARRIE

This incorporates via Email, Telephone, Zoom [or equivalent], Post. As part of the General Data Protection Regulation (GDPR), I, Gill Carrie is legally required to obtain written consent from all patients regarding how I contact you during treatment. I need to get written consent from you as the patient that allows me to contact you for and between appointments by either by email, telephone, zoom or post.

SIGNED: DATED:

YOUR MEDICAL HISTORY

YOUR CURRENT MEDICAL HISTORY

CURRENT Please list all your CURRENT medication, prescriptions, over-the-counter medications [OTC], vitamins and other supplements that you are taking - plus any reactions/ side- effects/sensitivities	
PREVIOUS Please list any PREVIOUS long-term prescriptions you have taken, e.g. birth control pills, blood pressure tablets, tranquillisers, HRT, etc	
VACCINATIONS Please list ALL vaccinations that you have had, and any severe reactions	
FILLINGS / IMPLANTS Please list any DENTAL fillings and implants that you have had, and any severe reactions Any other IMPLANTS?	
THERAPIES Please give details of other therapies that you are currently using	
ALLERGIES & INTOLERANCES Please list ALL allergies and intolerances that you have and / or had	
TESTS Please list ANY tests that you have recently had eg. blood, urine, hair, etc TEST RESULTS ATTACHED YES / NO	

YOUR PREVIOUS MEDICAL HISTORY

YEAR eg. SPECIFY AGE/S	DESCRIPTION eg. MEASLES, MUMPS, CHICKEN POX, GERMAN MEASLES, SCARLET FEVER, GLANDULAR FEVER, RHEUMATIC FEVER, TONSILLITIS, DIPHTHERIA, RECURRENT COLDS, EAR PROBLEMS, WHOOPING COUGH, TUBERCULOSIS. eg. SKIN PROBLEMS, ALLERGIES, WARTS, MOLES, RINGWORM, CYSTS. eg. SURGERY, ACCIDENTS, HOSPITILISATIONS.	MEDICATION / OTHER eg. PRESCRIPTIONS, OVER-THE-COUNTER MEDICATIONS, VITAMINS, SUPPLEMENTS, VACCINATIONS, TESTS, THERAPIES - plus any reactions / side-effects from	BODILY / PHYSICAL DETAILS eg. WEIGHT, HEIGHT, BUILD, HAIR, FACE, SKIN, NAILS, TEETH - look & changes	MAJOR LIFE EVENTS / TRAUMAS eg. MENTAL, EMOTIONAL, SPIRITUAL EVENTS or TRAUMAS - that affected you
0-5				
5-10				
10-15				
15-20				
20-30				
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90+				

YOUR EARLY HISTORY

	DESCRIPTION	MEDICATION / OTHER
Your Conception - Circumstances - Wanted / Unexpected - Surrogacy - Miscarriage or abortion before - Alcohol, drugs, hormones/IVF/pill/coil, vaccinations, medications - Stress, sadness		
Pregnancy (of You) - Medications, food (-errors), artificial sweeteners - Contraction stimulator (TENS) - Vaccinations - Blood loss - Acceptance of the pregnancy by parents - Mother's mental & emotional state		
Your Delivery - Natural or otherwise - Anaesthesia/epidural - Induced - Position of baby (you) - Placenta condition - APGAR score - Rhesus injection (0 negative)		
Your Birth Weight / Length / Height plus Hair / Face / Skin / Nails		
Breastfeeding - How long for - Exclusively - Medications used by mother		
Your Vaccinations - Which and when (year) - Tropical vaccinations and/or other - Reactions		
Your First Year - Medication (eg. antibiotics, aspirin, paracetamol/acetaminophen, corticosteroids, etc) - Surgical procedures - Eating habits/problems		
Your First 4 Years - Medication (eg. antibiotics, aspirin, paracetamol/acetaminophen, corticosteroids) - Surgical procedures - Eating habits/problems		

YOUR FAMILY MEDICAL HISTORY

MATERNAL: YOUR MOTHER'S SIDE OF THE FAMILY		
Your MOTHER - Before your conception - During pregnancy with you - Throughout their life - Currently		
Your Grandmother		
Your Grandfather		
Your Aunts / Uncles		
Your Cousins		
<u>PAT</u>	ERNAL: YOUR FATHER'S SIDE OF THE FAMILY	
Your FATHER - Before your conception - During pregnancy with you - Throughout their life - Currently		
Your Grandmother		
Your Grandfather		
Your Aunts / Uncles		
Your Cousins		
YOUR FAMILY: YOUR SIBLINGS & YOUR CHILDREN		
Your Siblings		
Your Children		

for YOUR PERSONAL NOTES

A SPACE TO HOLD, YOUR PERSONAL OBSERVATIONS, CHANGES, INSIGHTS, QUESTIONS ...

SYMPTOMS

Awareness
Management strategies
Personal insights
Notable changes
SEE OVERVIEW BELOW

MEDICATIONS

Management of
Effects & side effects
Personal observations
Any changes
SEE OVERVIEW BELOW

QUESTIONS or INSIGHTS

For exploring further
To bring into our sessions
To help guide ongoing care
Add pages as needed
and STARTIING HERE ...

SYMPTOMS: AWARENESS, MANAGEMENT, INSIGHTS, CHANGES

AWARENESS	SYMPTOM/S	CHANGES
MIND / EMOTIONS		
MOODS / MEMORY		
ENERGY / ACTIVITY - EXERCISE / STUDY / WORK		
TEMPERATURE / FEVER / PERSPIRATION + METABOLISM		
WEATHER / ENVIRONMENT		
DIET / APPETITE / THIRST		
ALCOHOL / SMOKING / DRUGS		
SLEEP / DREAMS		
FEARS / ANXIETIES / PHOBIAS / HABITS		
STRESS / STRESSORS / LIKES / DISLIKES		
REPRODUCTIVE [MALE / FEMALE]		
SPECIFIC PHYSICAL SYMPTOMS [inc. SPECIFIC LEFT / RIGHT SIDED]		
MEDICATIONS / OTC MEDICATIONS		
VACCINATIONS		
ALLERGIES / INTOLERANCES / REACTIONS		
THERAPIES		
SUPPLEMENTS		
Any other observations		

MEDICATIONS: MANAGEMENT, INSIGHTS, CHANGES

MEDICATIONS & VACCINATIONS	VACCINATIONS SYMPTOM/S PRESCRIBED for	PRESCRIBED for SYMPTOMS STILL PRESENT or NOT	SIDE EFFECTS of MEDICATION	SIDE EFFECTS EXPERIENCED
[all CURRENT prescriptions, OTC's, vaccination, etc]	[the INITIAL symptoms / condition, etc for taking the medication, etc]	[are the I NITIAL symptoms ameliorated, gone, still present or ay new symptoms appeared]	[important to know the side effects, to DIFFERENTIATE these from the initial symptoms]	[all SIDE EFFECTS to the medication experienced]
Any other				
observations				

YOUR KITS - EXPERIENCES - PROGRAMMES - BOOKINGS

[to add here]

YOUR KIT/S

• ROOT REVIVAL | Hair & Scalp Health

• CLEANSE & CLEAR │ Skin & Allergies

• DETOX & BALANCE | Hormonal Health

• BODY HARMONY │ Body & Weight

• GLOW THERAPY │ HolisticAesthetics

• SLEEP RESET | Sleep & Restore

CALM & RESTORE | Emotional & Energetic
 Optional Enhancements | Chakra Kit or Meditation Kit
 For Young Children | Bullying & Friendship Kit

• EASE & RELIEF | Symptom Management Optional Enhancement | Sport Kit

YOUR EXPERIENCE/S

- THE CLINIC | Personalised deeper care with science-integrated support
- YOUR GROUP │ A 1-hour shared guided journey through your chosen Kit

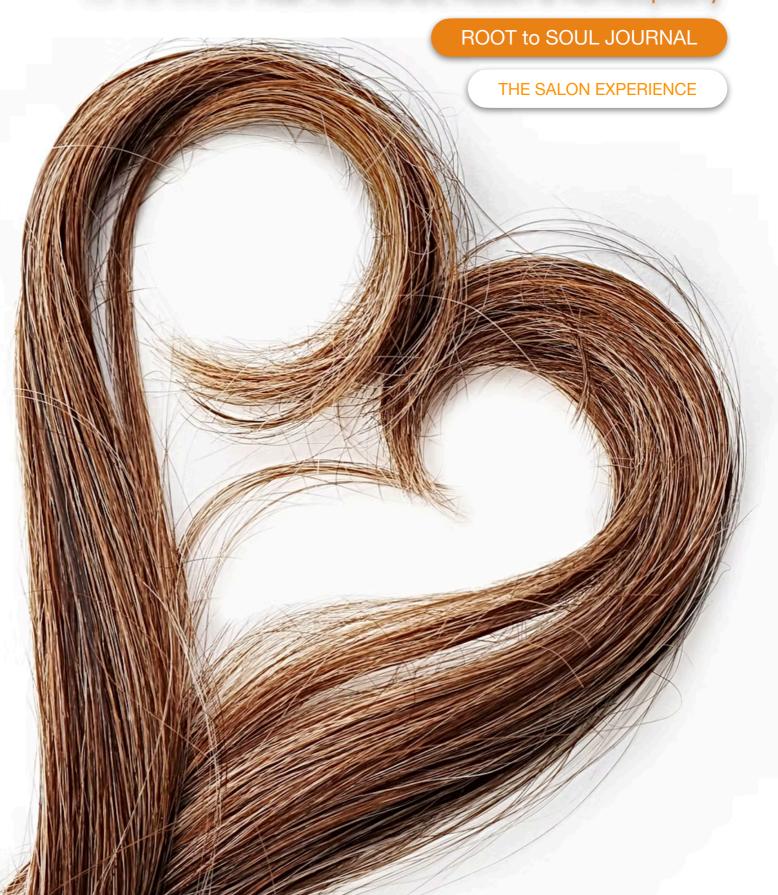
YOUR BOOKING/S

YOUR DATES:

YOUR PERSONALISED HOMEOPATHIC **HOME FIRST AID KIT** [to add here]

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Gill Carrie

Professional Stylist | Creative Director | Holistic Wellbeing Practitioner |
BSc (Hons) Homeopathy | Licentiate CHE | RSHom | HCIT

With over 40 years of experience in creative styling, holistic care and client wellbeing, my salon practice is rooted in the belief that how we look and how we feel are deeply connected. Every style choice – cut, colour, texture – is a reflection of self, energy and identity.

This section of your consultation journal is about truly getting to know your hair goals, personal style, lifestyle and how you want to feel in your own skin – while exploring how your outward appearance can support your inner wellbeing. Whether you're seeking a subtle refresh or a bold transformation, your salon experience is designed to create confidence, balance and a look that feels authentically you.

'When you feel seen and understood, beauty becomes a natural expression of authenticity and confidence.

Gill Carrie, 2025

You can explore more at **gillcarrie.com**

VIEW ROOT to SOUL KITS & EXPERIENCES

BOOK NOW

THE SALON EXPERIENCE





'The training I created in my own salon, achieved an Investors in People Award and I specialised in the power of a great client consultation and experience.

This defines the level of excellence you can expect for all your experiences.

YOUR HAIR CONSULTATION

YOUR **5 STEPS TO GREAT HAIR** CONSULTATION THIS IS ALL ABOUT YOU - TO ENJOY A GREAT HAIR EXPERIENCE •

	DATE:	NAME:	WE'VE COVERED TOGETHER ✓	
	WHAT IS YOUR IDEAL STYLE <mark>AIM</mark> & PHOTO?			
	LET'S LOOK AT YOUR CURRENT STYLE & PHOTO			
STEPS 1 & 2	WHAT ARE YOUR HAIR LIKES?			Α
S.	WHAT ARE YOUR HAIR DISLIKES?			ALL STEPS
	WHAT DO YOU LIKE ABOUT GOING TO THE HAIRDRESSERS? + ANY GREAT EXPERIENCES?			
	WHAT DON'T YOU LIKE ABOUT GOING TO THE HAIRDRESSERS? + ANY TERRIBLE EXPERIENCES?			
3, 4 & 5	AT YOUR CONSULTATION or @ APPOINTMENT YOUR COMMENTS / FEEDBACK			
STEPS 3, 4	MY ADVICE RECOMMENDATIONS STYLE - PRODUCTS - EQUIPMENT - STYLING - CHANGES -MAINTENANCE - AFTERCARE			

YOUR STYLE PLAN I YOUR APPOINTMENTS I YOUR AFTERCARE

HERE'S WHAT WE USED, TODAY:					
<u>DATE</u>	<u>PRODUCTS</u>	<u>TOOLS</u>	<u>EQUIPMENT</u>	PRICE/S	
	אום עסו ויפן	E NEXT APPOINTI	MENTS ARE:		
	1				
<u>DATE</u>	TIME	SERVICE/S	DURATION	<u>PRICE</u>	
	A CDACE TO U	OLD VOLID DED	CONAL MOTEC		
	A SPACE TO H	OLD, YOUR PERS	SUNAL NUTES:		
You can reach me here:					
gillcarrie.com					
your hair					
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