

## Case study request form

Thank you very much for agreeing to share your story for use by Breakspear Medical on the company's website and social media channels as well as other marketing channels, such as our newsletter. In the future, it may also be used with the media.

Once you have supplied the below information, a case study will be drafted for you to approve. As soon as you are happy with the content of the case study, you will be asked to sign the attached Case Study Consent Form and supply a photograph of yourself, if this is something you would be happy to have published.

Please download this document and send as an attachment to an email to [philippa@grandunionpr.com](mailto:philippa@grandunionpr.com) or by post to: Philippa Taylor, Grand Union PR, Lock 44, Bulbourne, Buckinghamshire HP23 4NG.

If you would prefer to have a telephone or zoom call to share your story with us, please let us know by getting in contact with our PR representative, Philippa Taylor: [philippa@grandunionpr.com](mailto:philippa@grandunionpr.com), mobile 07866 480700.

Rest assured that we will never give out your personal contact details. If you prefer, your story can be made anonymous. For example, a recovery story could be about "Lyme Disease patient from London" or just using your given name, such as "Sarah from the Midlands who has fibromyalgia".

Many thanks in advance for sharing your case study.

### Personal details

Full name:

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Age:

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Gender:

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Occupation:

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Town:

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Do you have children?

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Marital status:

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Landline:

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Mobile:

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Email:

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### Please answer the following questions:

Are you willing:

- |  |     |    |
|--|-----|----|
| • to be named (full name):   | Yes | No |
| • for given name only to be used:  | Yes | No |
| • to be photographed if required   | Yes | No |
| • to supply picture/headshot as a jpeg for use in the public domain:   | Yes | No |
| • for the case study to be used on the Breakspear Medical website  | Yes | No |
| • for the case study to be used on Breakspear Medical's social media channels:   | Yes | No |
| • to be tagged on Breakspear Medical's social media channels (please follow us now on Facebook, Twitter and LinkedIn): | Yes | No |
| • for the case study to be used by Breakspear Medical in other marketing channels, such as the newsletter              | Yes | No |
| • for the case study to be used with the media   | Yes | No |

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When did you start/finish your treatment at Breakspear Medical?

The reason/s why you are being treated by Breakspear Medical and the length of time you have known about the condition/s or symptoms:

How did you come across Breakspear Medical?

What have you tried previously to help with your condition/s?

Which doctor/s, nutritional therapist, or environmental naturopath are you/have you been working with?

What does your treatment plan at Breakspear Medical include? (For example: pathology tests, nutritional supplements, prescription medications, and any other services/ treatments.)

What did you like best about your treatment plan?

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What has been the biggest difference in your treatment plan and how your condition/s were treated previously?

What changes have you felt/seen since starting treatment/s at Breakspear Medical?

What impact has Breakspear Medical had on your life?

Would you recommend Breakspear Medical to others and if so, why?

Anything else about Breakspear Medical you would like to add?