

CONSULTATION & CONSENT FORM

Date	Treatment		
Name and address	DOB		
	Home Tel		
	Mobile		
	Facebook		
Next of kin	Email		
	** Sign up to E- NEWSLETTER YES/ NO **		
Have you recently had, do you have now or do you think you may have any of the following?			
Thrombosis, embolism, phlebitis	Yes	No	If yes, please give details....
Infectious conditions, injury	Yes	No	
Recent surgery, stroke, heart attack	Yes	No	
Undiagnosed conditions	Yes	No	
Cancer, diabetes	Yes	No	
Arthritis, paralysis	Yes	No	
Epilepsy, haemophilia	Yes	No	
High/ low blood pressure	Yes	No	
Pregnant, lactating	Yes	No	
Reaction to previous treatment	Yes	No	
Medication	Allergies		
Existing health issues/ symptoms requiring treatment			
What would you like to get out of your treatment?			
Anything else not covered by the above			
Therapist only: Consent – Cancer, uncontrolled diabetes/ high blood pressure, schizophrenia, dementia, epilepsy, osteoporosis, hyper/hypo thyroidism, fibromyalgia, rheumatoid arthritis, Parkinson’s disease, multiple sclerosis, stroke 6m+, heart attack 3m+, pregnancy Aroma: Epilepsy, depression, kidney disorders, homeopathic remedies, blood pressure Hopi: Perforated ear drum, grommets, dental work, hearing aid, mastoidectomy, epilepsy Reiki: Broken bones, pacemaker, metal pins			
GP Consent required: YES/ NO	GP Consent received YES/ NO		

After consulting with my therapist I know of no reason why I should not have a treatment

I understand that this treatment does not / will not diagnose or cure, but promotes the mental and physical conditions necessary to gain positive health and help prevent ill health, nor does it replace the medical advice of my GP. I agree that I will not change or alter any medication without prior consent from my GP and if I suspect illness of any kind I will contact my GP. Whilst I understand that my personal details will be held in confidence, I give my permission that in the case of a medical emergency, my personal details be passed onto a medical professional in order to assist with any medical situation that may arise. Where relevant, by subscribing to your newsletter, I understand my personal information will only be used for marketing communications relating to your business. I acknowledge you do not share, or sell, or disclose my personal data with third parties, except as set out within your [Privacy Policy](#), which can be read on your website, and that I can update my subscription preferences anytime on the website.

Client Name _____ DOB _____
 Client Signature _____ Date _____