

# SIMPLY SOULFUL THERAPIES – CONSULTATION & CONSENT FORM

Date	Treatment		
Name and address	DOB		
	Home Tel		
	Mobile		
	Facebook		
Next of kin	Email		
	<b>** Sign up to E- NEWSLETTER YES/ NO **</b>		
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			
<p><b>Therapist only:</b> 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</p>			
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”**

You have read the above statement and understand that this treatment does not / will not diagnose or cure, but may promote the mental and physical conditions necessary to gain positive health and help prevent ill health; nor does it replace the medical advice of your GP. You agree that you will not change or alter any medication without prior consent from your GP and if you suspect illness of any kind, you will contact your GP immediately. By completing a health questionnaire, you expressly consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy which includes assessing whether a holistic treatment is safe and appropriate for you. The policy can be viewed at <https://www.simplysoulful.co.uk/privacy-policy/>. You understand that it is your responsibility to notify us of any changes in your health so that we can ensure holistic treatments continue to be appropriate for you. Except as set out within the policy, we do not share, sell, or disclose to a third party, any information collected through health questionnaires (exclusions: emergency services, insurers, professional advisers, legal authorities). You participate voluntarily with the knowledge that Simply Soulful Yoga & Therapies is not liable for death, personal injury, loss or damage suffered. Where relevant, by subscribing to the Simply Soulful newsletter, you consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy, which can be viewed at <https://www.simplysoulful.co.uk/privacy-policy/>. You can notify us of any changes in your consent should your preferences change.

Client Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Client Signature \_\_\_\_\_ Date \_\_\_\_\_