

Title (Mr/Mrs/etc): First Name: Surname:	Date of Birth:	Address: Tel:
Name of Emergency Contact:		Tel:
What is your presenting condition/ ailment? (<i>Optional information</i>) <i>I have uncontrolled epilepsy</i> Yes / No <i>I have a pacemaker</i> Yes / No <i>I am pregnant</i> Yes / No	GP name: GP surgery address:	
How would you like healing to help you?	Are you having medical treatment? Yes / No Have you seen your GP? Yes / No <i>[If you have not seen a doctor, I always advise that you do so]</i>	
<p><i>Up-to-date records are kept on all clients. Your personal details are treated confidentially and stored securely in accordance with General Data Protection Regulations 2018.</i></p> <p><i>Your records will be accessed solely by me to provide efficiency and continuity of service.</i></p> <p><i>Records are kept for at least 7 years following the date of the last healing session.</i></p> <p><i>I will never share your personal data with third-parties for marketing purposes.</i></p> <p>I give my permission for this record to be kept securely by</p> <p>and agree to advise of any changes to the above information.</p> <p>Signed</p> <p>Date</p>		

Client Name:

Date	Record of Session