Name: ....

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Address: ....

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....

D.O.B.: ....

Meds: ....

....

....

Ops: ....

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Accidents: ....

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Supplements/Herbs: ....

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....

Devices Fitted (i.e. Pacemakers/Defilbrillators) : ....

....

....

Phone No.: ....

....

Email: ....

....

....

G.P.: ....

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Referred By: ....

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Vaccinations: ....

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Known Allergies: ....

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....

Concerns/Reasons for Testing: ....

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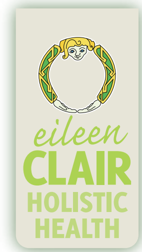

PTO ▶

Marketing Consent	Occasionally we send out newsletters and information on upcoming workshops/ courses. Are you interested in receiving this information? Please tick either yes or no. **YES** ☐ **NO** ☐

Client Consent	I declare that the information I have given is correct and that I have not knowingly withheld any information concerning my health. I am in agreement to proceed with the treatment discussed and accept that my participation in the treatment is by my own choice. I understand an am fully aware that this therapy is not a substitute for medical treatment. I agree to have my data held by Eileen Clair's Holistic Centre for the purpose of proceeding with my treatments only and understand that it will be held in accordance with the General data Protection Regulations 2018 which is available to me on request.
Client Signature, or Parent/Guardian	
Therapist Signature and Date	