

Holistic **INDIGO** Therapy – client **record** card

Client Appointment ...

TO BE COMPLETED BY THE CLIENT BEFORE EACH SESSION:

The following information is required for your safety, and to benefit your health and welfare. The following details will be treated with the strictest confidence. PLEASE ensure you complete your Client Identification and only complete the things that have changed since your last appointment. You MUST sign and date (digital forms accepted).

Client Identification:

First Name:

Last Name:

Date of Birth:

Address:

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Email:

Telephone:

Mobile Telephone:

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Gender:

Marital Status:

Sexual Orientation:

Number & Age of Children or Dependants:

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Occupation:

Referred By (if applicable):

Doctor' s Name (your doctor will not be contacted without your permission):

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Surgery Name:

Doctor's Address:

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Doctor's Telephone:

I confirm that the information given above is correct and complete. I will inform my therapist before receiving treatment if any of the information above changes at any time during my treatment.

Signature:

Print Name in Block Capitals:

Date: