

Holistic INDIGO Therapy – client record card

Disclaimer ...

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:

I understand that all types and forms of complementary therapies are not intended to replace allopathic/traditional medical treatment and care rather that they are intended to work side by side with these treatments. Nor are they intended to replace proper diagnoses and/or treatment by a qualified medical practitioner.

I accept that this consultation is offered as a scientific experiment only and that no specific results can be guaranteed by the therapist/practitioner/reader. I further accept that any guidance given to me is for me to consider only. Any decisions and choices that I make as a result of that guidance or this consultation are my legal and personal responsibility only, both now and in the future.

I take full responsibility for understanding and agreeing to the terms as outlined above. I further accept that the consultation offered me is not intended as a replacement for conventional medical treatment, but is a complementary therapy that is intended to work side by side with conventional treatment. Furthermore, I accept full responsibility for my own wellbeing and for reporting my physical and psychological health to my own GP/family doctor/consultant.

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: