

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

## New Client ...

### 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.

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: .....