

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

Health Check ...

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.

Are you taking prescriptive medication: YES / NO If so what:

.....
.....

Are you taking non-prescriptive medication: YES / NO If so what:

.....
.....

In the next 12 hours, will any of the following apply:

Driving or operating heavy machinery: YES / NO

Drinking alcohol: YES / NO

Using a sunbed or exposing your skin to ultraviolet light: YES / NO

Women only:

Is there a possibility you might be pregnant: YES / NO

Are you currently menstruating: YES / NO

Have you ever receive any psychotherapy or psychoanalytical treatment for any condition: YES / NO

What therapy or therapies did you receive:

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.....

What was the outcome of this treatment:

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.....

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.....

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Do you suffer, or have you ever suffered, from any of the following: (If so then please give full details)

Diabetes

Kidney problems

Epilepsy

Photosensitivity

Surgery or injury to back or joints

Sensitive skin

Allergic skin rashes

Allergies

Varicose Veins Deep vein thrombosis

Heart disease High or low blood pressure

Cancer

Stroke

Asthma

Migraines

Any other condition(s):

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.....

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: