

# 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.

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: .....