

Holistic Treatment Client Consultation Form

<p>Date</p> <p>Start Time</p> <p>Finish Time</p> <p>Holistic Treatment Received</p>

Please complete the following questions as best you can. Please be assured that the information that you give is completely confidential and held in accordance with Data Protection Legislation. All information gathered is used to inform and safeguard the therapy you receive. If you are uncomfortable with any question you are not required to answer it.

Client Details:

Name: _____

Preferred Contact: Phone/E-Mail Address _____

Consultation:

Current Health Issues and aspirations for the treatment

Occupation and Lifestyle (physical activities, diet etc)

What outcome are you seeking for this visit?

Medical History

Are you currently under medical supervision yes/no

Details

Are you currently on any medication yes/no

If yes, are there any side effects I need to be aware of?

Are you currently pregnant? yes/no

Are you living with any of the following conditions? (please circle)

Epilepsy Diabetes Drug or Alcohol Dependency Allergies Low Blood Pressure

Are you aware of any other condition that may affect your treatment? yes/no

If yes, please comment:

To the best of my knowledge the above information is correct and I am OK with being gently touched appropriately by during the treatment. I understand that this holistic treatment is a stress reduction and relaxation technique. I acknowledge that sessions administered are only for the purpose of helping me relax and to relieve stress. I understand that Holistic Therapists do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment or condition I may have.

I also understand the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long-term imbalances in the body require multiple sessions to allow the body to reach the level of relaxation necessary to bring the system back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of Holistic Therapy.

Signed

Dated

TREATMENT RECORD

