



NEW CLIENT : PERSONAL DATA RECORD

Title: _____ First Name: _____ Surname: _____

Tel: _____ Email: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Occupation: _____

Family: _____

Reason for your visit :

Name and address of Medical Doctor:

Are you at present under the care of a doctor or hospital for any condition? If yes, please give brief details:

Are you taking any medication? If yes please outline below:

Declaration:

I take full responsibility for my own health and well-being, and accept the outcomes of any advice or treatment I receive in this clinic. I accept them as being complimentary too, and not an alternative to, qualified medical treatments. I will consult my GP regarding supplements if I am taking medication. I also consent to having my personal information stored and I understand my information will never be shared with anyone else.

Missed appointments without 48 hours notice will be charged at 50% of the full rate.

Signed:

Date: