

CONSENT FORM

PERSONAL INFORMATION

Today's Date : ____/____/____

Full Name : _____

Email Address : _____

Address : _____

Phone Number : _____

Do you have any health issues? : ☐ Yes ☐ No

Do you have any ongoing injuries? : ☐ Yes ☐ No

Do you have any past trauma or mental health struggles? : ☐ Yes ☐ No

If yes, please detail:

Your health & safety is of the utmost importance. All details remain confidential and will be taken into consideration as part of your session. This is always a safe space.

EMERGENCY CONTACT DETAILS

Contact Name : _____ Relationship : _____

Phone Number : _____ Other details? : _____

CONSENT

Do you consent to this session and any future sessions? : ☐ Yes ☐ No

Would you like to join our mailing list? : ☐ Yes ☐ No

Your interests : ☐ News ☐ Holistic Therapy ☐ Classes

Signature

Thank You

Holistic therapy is not a substitute for medical treatment, please always consult your doctor if you have any health issues or concerns.

IN YOUR ELEMENT APOTHECARY

www.inyourelementapothecary.co.uk

@inyourelementapothecary

hello@inyourelementapothecary.co.uk

+44 (0) 7771966779