

## CLIENT INFORMATION FORM

<b>PERSONAL DETAILS:</b>			
Full Name:			
Date of Birth:	Age:	Gender:	M/F*
Address: (including Post Code)			
Home Telephone:	Mobile Number:	Work Number:	
Which of these numbers is it best to use to contact you?		Home/Mobile/Work*	
Can I leave a voicemail or message on your preferred contact number?		Yes/No*	
Email address:			
Would you like to be kept informed of offers, promotions, relevant information via an e-newsletter?		Yes/No*	
Occupation:			
Marital Status:	Single/Engaged/Married/Widowed/Divorced/Living with Partner/Civil Partnership*		
Name of spouse/partner:			
Are they aware that you are seeing Reflective Wellbeing?		Yes/No*	
Children: (name & age)			
Emergency Contact Name:			
Contact Number:	Relationship to you:		

<b>GP DETAILS:</b>	
GP Name:	
GP Address: (including Post Code)	
GP Telephone Number:	
Are you happy for your GP to be contacted if required?	Yes/No*
Signed:	
Full Name: (please PRINT)	
Date:	

<b>TERMS AND CONDITIONS:</b>
<p>I agree that all the information I have provided is true.</p> <p>I give my consent for you to contact my GP for medical consent, if appropriate.</p> <p>I understand that if I arrive for treatment under the influence of alcohol and/or drugs, I will NOT receive the session and I will be charged in full.</p> <p>I understand that payment must be made in full 48 hours before the day of the appointment.</p> <p>I understand that if I arrive late, I will only receive hypnosis for the time remaining and will still be charged the full fee.</p> <p>I agree to give 48 hours' notice if I need to cancel my appointment, if not the full fee is payable.</p> <p>I understand that if I fail to turn up for an appointment I will be liable for the full fee.</p> <p>I understand that all the information I have given on this form will be held in a safe and secure place. I agree to all of the above Terms and Conditions.</p>
Signed:
Print Name:
Date:

**PLEASE COMPLETE AND RETURN TO REFLECTIVE WELLBEING**

**REFLECTIVEWELLBEING@GMAIL.COM**