



LIGHTHOUSE HOLISTIC

Complementary Therapy - Body, Mind, Life!

TO BE COMPLETED AND RETURNED PRIOR TO INITIAL CONSULTATION: STRICTLY CONFIDENTIAL

The following information is required for your safety, and to benefit your health and welfare. If there is anything you feel uncomfortable answering or you do not know the answer to, please do not worry. The details you do provide will, of course, be treated with the strictest confidence.

Full Name:	
Date of Birth:	
Address:	
Email:	
Telephone Number:	
Mobile Number:	
Occupation:	
Marital Status:	
Number & age of children:	
Doctors Address:	
Doctors Telephone Number:	
Other medical specialists:	
Emergency Contact Name:	
Relationship to Contact:	
Emergency Contact Number:	
How did you hear about LHT?	

When is the best time for you to visit? Please provide the best DAYS and TIMES of the week for you.

Are you currently receiving, or have you previously received any form of therapy?



34 Vicarage Road, Bradwell Village, Milton Keynes MK13 9AQ Email: info@lighthouseholistictherapy.com Tel: 07740981476

Company Registration Number: 13649145

Do you suffer, or have you ever suffered, from any of the following? Please do not worry about providing details about any 'YES' answers, we will discuss them during your initial consultation.

Diabetes	Y/N	Varicose Veins	Y/N
Kidney Problems	Y/N	Deep Vein Thrombosis	Y/N
Epilepsy	Y/N	Heart Disease	Y/N
Photosensitivity	Y/N	High or Low Blood pressure	Y/N
Surgery or injury	Y/N	Cancer	Y/N
Sensitive Skin	Y/N	Stroke	Y/N
Allergic Skin Rashes	Y/N	Asthma	Y/N
Allergies	Y/N	Migraines	Y/N

Do you have any DIAGNOSED mental health conditions?

General Anxiety Disorder	Y/N	Schizophrenia	Y/N
Panic Attacks	Y/N	Borderline Personality Disorder	Y/N
Stress	Y/N	Dementia	Y/N
Depression	Y/N	ADHD	Y/N
Postnatal Depression	Y/N	OCD	Y/N
Bipolar	Y/N	PTSD	Y/N
Phobias	Y/N	Eating Disorders	Y/N

Is there anything else it would be useful for your therapist to know?

'I'm simply not feeling myself' is a legitimate and welcome answer.

Are you currently taking any prescribed or self-prescribed drugs or remedies, including illicit substances? ALL information is received and stored with the strictest confidentiality protocols.

Roughly many units of alcohol do you drink a day / week?

1 UNIT: A single spirit shot, 2 UNITS: Standard wine glass or Pint of standard lager 3 UNITS: Large glass of wine or strong lager

Do you smoke?

Do you exercise?

Do you have any Hobbies?

Do you have a phobia of dogs. Our resident recovery pup, Leo, sometimes makes an appearance - however if it's not your thing, we will make sure he doesn't.

Personal Consent

By signing this form, I understand that I am giving consent to receive treatment provided by Lighthouse holistic Therapy. I am fully aware that the services I wish to receive are those of a holistic nature and do not serve as a substitute for professional medical advice, examination, diagnosis, or treatment.



I fully understand this treatment may take several sessions before I notice any benefit. This will depend on my lifestyle, ongoing medication, and general health.

I understand that if I have been untruthful with my details or have failed to give enough relevant information the outcome of any therapy or treatment could be adversely affected and my health and well-being may be put at risk.

I agree to inform my therapist of any changes in my health or medical conditions. I understand that there shall be no liability on the therapist's part should I forget to do so.

By signing this release, I hereby waive and release my therapist from all liability past, present, and future relating to my therapy treatments.

I understand the therapist/practitioner/trainer does not claim to cure or to diagnose any medical condition in the same way as a doctor. Their opinion is that of a holistic, complementary, and alternative therapist and their professional opinions, advice, examinations, and recommendations do not constitute the medical advice of a doctor. If necessary, the therapist will provide a referral to a medical professional for further diagnosis if required. I am under no obligation to accept or act upon the referral or the advice provided.

I confirm that I have given my personal details for use by Lighthouse Holistic Therapy in connection with the therapy or treatment I receive, and consent to the storage of these details for at least ten years. I confirm that you may retain this information so that you can contact me again in the future.

Please Note: If you arrive at an appointment under the influence of either alcohol, illicit substances, or non-prescription drugs, you will receive an urgent health and safety assessment and we will make any arrangements necessary to organise medical assistance and/or transportation to ensure your best interests are prioritised. Unfortunately, unless you are partaking in one of our harm reduction or rehabilitation programs, your appointment will not go ahead, and appropriate measures will be taken to adjust any ongoing program of support. If you feel this would be difficult for you, please do contact us and we will arrange alternative ways for you to connect with Lighthouse Holistic. Reach out, we will catch you.

By signing below, I agree with all the Personal Consent section above.

Signature:

Date:

Thank you!

Please return your completed form via email to timeforme@lighthouseholistictherapy.com and info@lighthouseholistictherapy.com prior to your initial consultation

