HOLISTIC RAINBOW
CIC

HEALTHCARE PROVIDER REFERRAL FORM

Please complete this form giving as much information as possible
to assist the therapist using the most suitable treatment.

NAME	
ADDRESS & POSTCODE	
AGE	
EMAIL ADDRESS	
TELEPHONE NUMBER	
CURRENT MEDICATION	
DIAGNOSED CONDITIONS	
PRESENTING CONDITIONS	
NAME OF HEALTHCARE REFERRER	
ADDRESS & POSTCODE	
SIGNATURE	
EMAIL ADDRESS	

TELEPHONE NUMBER	
QUALIFICATIONS (i.e. Oncologist, Consultant, Doctor, Macmillan or Practice Nurse) & signature	
NOTES (which the Therapist should be made aware/contra-indications etc)	

Treatment will commence after the Therapist has undertaken a full written consultation, which is available to the Client-patient & the Healthcare Practitioner on request.

Please return by post, or email attachment, to:
paul.holistic.rainbow@gmail.com
Holistic-rainbow 84 Hawes Lane
West Wickham Bromley BR4 0DQ