Client Booking Form

-Guided Relaxation-

Personal Details

Forename	
Surname	
Please call me	
Date of Birth	
Telephone	
Email	
Please contact me by	☎ ☐ Yes ☐ No ✉ ☐ Yes ☐ No
Address	

In the unlikely event of an emergency please provide contact details of a next of kin or a nominated person.

Name	
Telephone	

Medical Details

Guided Relaxation is not recommended for individuals with certain medical conditions or who are taking certain medications.
In the interest of your own safety please answer these questions honestly.
Please tick to indicate if you are currently, or have historically, suffered from the following medical complaints or have taken the following medications.

Asthma or other respiratory conditions (e.g. COPD)	
Epilepsy or seizures	
Heart disease or circulatory problems	
Pregnancy (current or within the last 6 months)	
High anxiety / panic	

Guided relaxation is a complementary wellbeing practice and not a therapy or a medical treatment.
It is known to be safe and gentle.
There are no medical contraindications but always seek GP advice if health concerns arise

Treatment Details

Please briefly outline your treatment goal:

I have answered questions honestly and I understand the nature of the treatment.
I consent to receive guided relaxation

Client to sign & date here:

In line with GDPR regulations all data will be stored securely and never shared with third parties.