

Client Consultation Form – Oncology (Cancer)

Clients Name:	Date:
Address:	Telephone Number: Emai:
Emergency Contact Name:	Emergency Contact Number:

Medical History	Yes	No	Notes

Consent options

I hereby confirm that I have understood the treatment and given my medical history, I would prefer to consult with my own GP and or consultant prior to receiving the treatment.

jSigned:

Date:

I hereby confirm that I have understood the treatment and that I am to receive and that I am willing to proceed without confirmation from my own GP and or consultant

Signed:

Date:

Aftercare Advice:

Techniques & Adoptions:

“A Mindful Touch”, Thetford. IP24 3DE
www.a-mindful-touch.uk

Notes:

Signed:

Date: