

"A Mindful Touch", Thetford. IP24 3DE

www.a-mindful-touch.uk

Client Consultation Form – Oncology (Cancer)

| | |
|-------------------------|-----------------------------|
| Clients Name: | Date: |
| Address: | Telephone Number: Email: |
| 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:

"A Mindful Touch", Thetford. IP24 3DE

www.a-mindful-touch.uk

Techniques & Adoptions:

"A Mindful Touch", Thetford. IP24 3DE

www.a-mindful-touch.uk

Notes:

Signed:

Date: