REGISTERED CHARITY NUMBER 1139861

# THE HARMONY THERAPY TRUST
# HEALTHCARE PROVIDER REFERRAL FORM

**PLEASE COMPLETE THIS FORM GIVING AS MUCH INFORMATION AS POSSIBLE THAT WILL ASSIST THE THERAPY PRACTITIONER IN DISCUSSING WITH YOUR PATIENT THE MOST SUITABLE TREATMENT. ALL INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE & ALL INFORMATION IS HELD UNDER THE DATA PROTECTION ACT.**

Details of Client-Patient

| | |
|---|---|
| NAME | |
| ADDRESS & POSTCODE | |
| Email address | |
| Telephone No | |
| CURRENT MEDICATION | |
| DIAGNOSED CONDITIONS | |
| PRESENTING CONDITIONS | |
| NAME OF HEALTHCARE REFERRER | |
| ADDRESS & POSTCODE | |
| Email address | |
| Telephone No | |
| QUALIFICATIONS (i.e. Oncologist, Consultant, Doctor, Macmillan or Practice Nurse) & signature | |
| NOTES (on which the Therapist should be made aware of any contra-indications etc) | |

The Therapist will take full consultation notes, to be made available to the Client-patient and the Healthcare Practitioner. Treatment will not commence until written confirmation from the Trust is given and a **full consultation** has been made.

When completed please return by post, or email attachment, to: The Administration Office, The Harmony Therapy Trust, The Harty Room at the Healthy Living Centre, off Royal Road, Sheerness, ME12 1HH. Telephone: 01795 663050/07870 487122 email: THTT2010@gmail.com