



REGISTERED CHARITY NUMBER 1139861

THE HARMONY THERAPY TRUST HEALTHCARE PROVIDER REFERRAL FORM (For NHS Patients) DETAILS OF CLIENT-PATIENT

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 AND ALL INFORMATION IS HELD UNDER THE DATA PROTECTION ACT.

NAME			
ADDRESS POSTCODE			
DATE OF BIRTH			
TELEPHONE NUMBER			
EMAIL ADDRESS			
CURRENT MEDICATION			
DIAGNOSED CONDITIONS			
PRESENTING CONDITIONS			
NAME OF HEALTHCARE REFERRER			
ADDRESS POSTCODE			
SIGNATURE		DATE	
TELEPHONE NO			
EMAIL ADDRESS			
QUALIFICATIONS (i.e. Oncologist, Consultant, Doctor, Macmillan or Practice Nurse)			
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 663050/07934 208920
Email: THTT2010@gmail.com