



REGISTERED CHARITY NUMBER 1173141

THE HARMONY THERAPY TRUST HEALTHCARE PROVIDER REFERRAL FORM

Please complete this form giving as much information as possible to assist the therapist discussing with your patient the most suitable treatment. All information is treated in the strictest of confidence and held under the data protection act.

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

Treatment will commence after the Therapist has undertaken a full written consultation, which is available to the Client-patient & the Healthcare Practitioner on request.

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/ email: tht2010@gmail.com