



REGISTERED CHARITY NUMBER 1173141

## HEALTHCARE PROVIDER REFERRAL FORM

Please complete this form giving as much information as possible to assist the therapist using the most suitable treatment.

### DATA PROTECTION NOTICE

In order to bring our services to our users, we need to store the information supplied on this form. It is treated in strictest confidence. We never share data information with anyone who does not work with us and needs to process this information. We use it to help our beneficiaries have the best treatment possible, to advise of events we have and to thank people for donations and support. We also extract anonymous data for statistics when making applications for funding. It is stored in compliance with GPDR2018. You have the right to request us in writing to destroy these details. Please see our website [www.theharmonytherapytrust.org.uk](http://www.theharmonytherapytrust.org.uk) for full details of our Data Protection Policy

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](mailto:tht2010@gmail.com)