

THE HARMONY THERAPY TRUST
ADMINISTRATION OFFICE
The Harty Room at The Healthy Living Centre,
Royal Road, Sheerness Kent ME12 1HH

FOR WITH A MEDICAL REFERRAL

I the undersigned confirm that the information I have supplied to my therapist is correct as far as I am aware. I have had explained to me any contraindications that may apply to my condition and have been referred to the Trust by a medical practitioner. As far as I am aware I see no reason why I may not receive this non-invasive holistic treatment. I understand that at no time should I stop taking any medication prescribed for me and that I am under the care of my medical team at all times. The therapy that I will receive is designed to relax me and is for my general well-being and is not a substitute for any medical treatment for my condition.

FOR CARERS WITHOUT A MEDICAL REFERRAL

I the undersigned have given as much information about any medical condition I have or that I am aware of and understand that as a carer with no known or diagnosed conditions and have been referred by a therapist or referred myself for holistic therapy that I do so at my own request. I further understand that if during the consultation the therapist believes I need medical permission before proceeding I will obtain this via referral form. If no need becomes apparent during the consultation, I confirm that I can proceed with holistic therapy at my own request. I am a healthy member of the public that is merely requesting a relaxing treatment

DATA PROTECTION ACT INFORMATION AND EMERGENCY PROCEDURES

I am aware that my records are stored on a data base for reference and communication purposes and that such data base held complies with the Data Protection Act. It is not shared with anyone other than my GP or another holistic practitioner registered with the Harmony Therapy Trust and I give my permission for this information to be passed on to them if my therapist should consider it necessary.

I give my permission for my GP or the Emergency Services to be contacted before, during or after my treatment if it becomes necessary.

I have read the above and confirm that I wish to proceed with holistic therapy
Signed

Date.....