

Personal Details: Date: _____

Name _____ Date of Birth: _____

Address: _____ Postcode: _____

E-mail: _____ Phone No: _____

No. of Children & age _____ Occupation: _____

GP/ therapist name and address: _____

Emergency Contact _____ Phone No: _____

How did you hear about Holistic Ealing: _____

What is your main complaint:

Medical History:

Any Allergies?
Under Medication?
Do you smoke?
T.B. Lung disorders
Pregnancy
Depression
Operations

High/low B.P.
Injuries
Arthritis/Rheumatism
Asthma/Eczema
Schizophrenia
Cancer
Diabetes

Any stress when you first
noticed this problem?

Seeing any other specialist
about this problem? Who.

Any other health problem.

What is your diet like?

Are you taking any medication for this or any other issue?

Any additional comments or thoughts?

Major Symptoms

Fatigue or lethargy
Poor memory
Difficulty in concentration
Numbness, burning or tingling
Muscle aches or weakness
Constipation or Diarrhoea
Premenstrual tension/mood
swings
Erratic vision/spots
Headaches
Itching - where?
Heartburn/indigestion/nausea
Belching and/or intestinal gas
Recurrent infections
Fluid in the ear/earache
Pain or tightness in chest or anywhere else?
What exercise do you do?

Sore or dry throat/coughing
Do you enjoy your job?
Is your home life stressful?

Any other major symptoms

Family History with relevance to the issue.

Father:
Mother:
Granddad:
Grandmum:
Other:

Is the job stressful?

Informed Consent for Homeobotanicals. Homeoherbals and Bach Flower Remedies,

I _____ hereby agree and consent to having Homeobotanicals.
Homeoherbals and Bach Flower consultation,

In compliance with the various Statutes and Regulations, no specific claims are made for the application or use of Homeobotanical. Homeoherbals and Bach Flower preparations. The blends are Dietary Supplements designed for use as part of a comprehensive care programme. Classical and traditional indications from herbal or homoeopathic literature are supplied for academic interest only. No guarantee, express or implied is made for the clinical or therapeutic application of these preparations. Homeobotanical remedies were not designed or to be used to replace a qualified physician.

Client's name (block capitals):	
Client's signature:	
Date:	

Data Protection:

Holistic Therapy Ealing is legally required to record essential clinical information that we take from you during the initial consultation and each subsequent appointment to enable us to make an accurate diagnosis of your problem(s) and to formulate an appropriate treatment and management plan. These records are held on paper, not in electronic form, and you may request a copy at any time. Copies of any medical correspondence are stored in paper form and kept in a locked filing cabinet, accessible only to therapist at the Holistic Therapy Ealing. Statutory minimum storage times for medical records and associated correspondence are seven years after the date of the last appointment. Holistic Therapy Ealing may contact you with regards to your treatment plan, send you discussed materials, reminders, seasonal newsletter or offers. If you would not like Holistic Therapy Ealing to contact you, please tick here

Please note that once you have booked an appointment with Holistic Therapy Ealing, it means that the time has been reserved exclusively for you. If you cancel your appointment less than 24 hours before it is scheduled to take place, you will be liable to cover the appointment fee. You can cancel or reschedule an appointment by emailing info@holistictherapyealing.co.uk or texting 07899737421.

By signing the below, you are acknowledging that you have read and accepted this Data Protection Policy & Cancellation Policy and give consent to the practitioner to maintain records for the purpose outlined within the policy, as well as use your contact details to keep in touch

Client's name (block capitals):	
Client's signature:	
Date:	