Health record for Crystal treatment

Name

Date of Birth

Address

Tel Number –

Email address

Occupation

GP Name and Practice details

Do you suffer from Any health conditions including physical and mental health problems

Do you smoke/ Drink Alcohol

Do you take recreational drugs

Do you exercise regular

Diet/ Nutrition

Have you had any operations or accidents or illnesses

Have you got a pacemaker

Stress, allergies, Bowel conditions.

Data Protection your personal information will be kept confidential in accordance with the Data Protection Act Please tick this box if you are happy with this

I also agree to inform Tracey Hale of any changes to both my physical and mental health

Client declaration I the undersigned declare that the information provided is correct and that I am willing to proceed with the treatment, I realise that this is a form of therapy and is a not of cure

Signed