

## Initial Visit

<i>Client Name:</i>		<i>Date of Birth:</i>	
<i>Address:</i>			
<i>Phone:</i>		<i>Email:</i>	
<i>Reason for first visit:</i>			
<i>Current Medication:</i>			
<i>GP Details</i>			
<i>Medical advice sought?</i>			
<i>Need to contact GP?</i>			
<i>Previous medical history (major illnesses, operations, recurring issues etc)</i>			

I appreciate that crystal healers do not give medical diagnosis or treatment. I understand that my GP is medically responsible for me and my dependants.

I am the client

I am the client's parent/legal guardian

Signed:

Date: