FLOURISH THERAPIES

Personal Details		
Title (please highlight):	Mr	Mrs
	Miss	Other:
Gender:	Male	Female
	Not listed	
Date of Birth:		
Age:		
Given name:		
Surname:		
Address		
Phone number:		
Email:		

Contact Information		
Contact Preference (please highlight):	Phone Text Email	
Contact hours:		
Occupation (if applicable)		
Emergency contact:	Name:	Phone:

Consent Information	
I agree that Flourish Therapies can communicate with my emergency contact ONLY in the event that they are concerned about my safety/ wellbeing or that of another individual.	
Signed:	
Date:	
GP Name and/or practice:	

How did you hear about us?		
Please highlight:	GP	Friend/family
	Internet	Insurer
	Other:	

Healthcare insurance Details	
Provider:	
Personal number/ code:	

Terms and Conditions
Service Agreement:
To ensure the welfare, privacy and wellbeing of our clients, we operate within strict service agreement and consent terms, which we will ask you to read and sign.
Confidentiality
Confidentiality is a priority of Flourish Therapies. All information that is gathered is treated as strictly confidential and stored securely. We adhere to the Health Care and Professionals Council privacy policies and protocols.
Data Protection
Your therapist will need to collect and record personal and health information that is relevant to your current situation. This information is treated in the upmost confidence.

Signed:	
Date:	

Woodland Heights, Ashley Road, Onchan. IM4 5BB – Company Registration No. 028707B