**Private & Confidential Client Treatment Record**

**Client Ref:**

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| --- | --- |
| **Date:** | |
| Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments: | |
| **Client declaration:** *I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.* | |
| **Signed (Client):** | **Date:** |

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| --- | --- |
| Date: | |
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| **Signed (Client):**  page27image49126288 | **Date:** |