

Private & Confidential Client Treatment Record

Client Ref:

Date:	
Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments:	
<i>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.</i>	
Signed (Client):	Date:
Date:	
Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments:	
<i>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.</i>	
Signed (Client):	Date:
Date:	
Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments:	
<i>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.</i>	
Signed (Client):	Date: