

**Contact Details**

NAME : \_\_\_\_\_

DOB : \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Leave messages?

E-mail : \_\_\_\_\_

GP name and address: \_\_\_\_\_

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

FUNDING: Self fund  Health Insurance

INSURANCE COMPANY (if applicable):

Provider: \_\_\_\_\_ Excess amount: \_\_\_\_\_

Membership no: \_\_\_\_\_ Auth code: \_\_\_\_\_

\*\*Please be aware that we are no longer accepting AXA PPP referrals; these are self fund only.\*\*

LOCATION FOR THERAPY (BAGSHOT / TEDDINGTON): \_\_\_\_\_

- Please tick to confirm that you have read and agree to the 'terms and conditions' information (must be ticked to proceed with sessions)
- Please tick if you give consent for me to keep securely written/typed notes of your contact details and session notes. Consent can be withdrawn at any time by you.
- Please tick if you would like for me to send a brief summary letter to your GP at the end of sessions so that your GP/referrer has a record of your therapy sessions.