



Acupuncture Essex

Client Registration Form

Please write clearly or Use Block Capitals

Mr/ Mrs/ Ms/ Full Name : _____

Address _____

Postcode: _____ D.O.B. ___/___/___ Occupation: _____

Work Tel: _____ Home Tel: _____ Mob. _____

Email : _____

How did you hear about my practice? _____

GP Details:

Name of GP _____ tel: _____

Address: _____

Practitioner : Howard Gough

Client Consent

Please read and sign below:

- I hereby consent to the performance of treatment and appropriate diagnostic examination the practitioner. Treatment may include Shiatsu, Acupuncture, cupping, moxibustion, gua sha, tai chi plus supportive nutritional suggestions.
- I understand that I can withdraw from treatment at any time.
- I understand that I may bring a companion to treatments.
- I understand, and am informed that as with all medical and health treatments, there are risks involved such as bruising.
- I understand that 24 hours notice is required before cancellation otherwise the full cost will be charged.

Signature of Client: _____ Date: _____