



REGISTRATION FORM

Client name	
Date of birth	
Address	
Landline	
Mobile	
Email	

Do you agree to email correspondence to you for:

- 1) Administrative reasons such as arranging appointments - Yes/No (please delete as applicable)
- 2) Therapy-related reasons such as therapy handouts - Yes/No (please delete as applicable)

Named person to contact in emergency	
Relationship	
Telephone number	

GP	
<i>Surgery name, address and telephone number</i>	

Payment details if through health insurance. You will need to get authorisation prior to your first appointment.

Health insurance provider	
Policy number and authorisation number	