

**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)
- 3) To receive communications including therapy letters – Yes/No (please delete as applicable)

Named person to contact in emergency	
Relationship	
Telephone number	

GP	
Surgery name, address and telephone number	

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	