



# THE MERIDIAN POINT

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MRA Accredited Trainer

## Client Consultation Consent Form

Please complete all sections clearly. All information is confidential.

### 1. Personal Details

Full Name:		Date of Birth:	
Address:		Postcode:	
Mobile Number:		Home Number:	
Email Address:		Occupation:	
GP Name & address:		GP Contact Number:	
Permission to contact GP? (Yes / No):			

### 2. Presenting Issues

Primary Issue 1:
Primary Issue 2:
Primary Issue 3:

Secondary Issues:
Emotions linked to issues:

### 3. Medical Information (Please tick Yes or No)

Condition	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

If other, please give details: \_\_\_\_\_

### 4. Medication & Medical History

Current Medication:	
Allergies:	
Surgical History:	
Psychiatric History:	
Phobias / Fears / Drug or Alcohol Concerns:	

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## 5. Informed Consent & Legal Agreement

I confirm that the information provided is accurate to the best of my knowledge. I understand that holistic therapy is not a substitute for medical advice, diagnosis, or treatment. The practitioner does not diagnose conditions or prescribe medication.

I accept full responsibility for my physical, emotional, and mental wellbeing during and after sessions. I understand that I receive therapy voluntarily and may withdraw at any time.

To the fullest extent permitted by law, I agree that I receive treatment at my own risk and release the practitioner from liability for any injury, loss, or damage arising from therapy, except where caused by negligence. This does not exclude liability for death or personal injury caused by negligence.

GDPR Notice: In accordance with the UK GDPR and Data Protection Act 2018, your data will be stored securely and used solely for therapy purposes. Records are retained in line with professional insurance requirements. You have the right to access, correct, or request deletion of your data where legally permissible.

## 6. Client Declaration

Client Name (Print):	
Client Signature:	
Date:	

Please email the form back to [Shamim\\_rehman@yahoo.com](mailto:Shamim_rehman@yahoo.com)