



**www.GetYourLifeBack.today Tuning Fork Therapy**

**\* PRIVATE AND CONFIDENTIAL\***

NAME:

PHONE NO:

EMAIL:

Emergency contact details:

**Please tick if any of the following apply to you:**

Pregnant

Pacemaker

Epilepsy

Osteoporosis

Psychosis

Depression

**Are there any other health problems or details that may need consideration?**

**What is your aim for this session?**

**Disclaimer** – I agree to allow Nicki Greenham to work with me to form a plan of holistic healing, and agree to all modalities to be considered. I have disclosed all relevant information regarding my physical and mental health and wellbeing. I will consult my Medical Practitioner should the need arise. I will not stop taking any medication unless my GP advises. I allow any information to be used in research or case studies and understand anonymity and confidentiality WILL be maintained. I understand all data held is in compliance with GDPR 2018 requirements and my data can be withdrawn at any time.

**SIGNED:**

**DATE:**

**When completed, please email this form to [Nicki@GetYourLifeBack.today](mailto:Nicki@GetYourLifeBack.today)**