Jean Webb Holistic Therapies

# Questionnaire in advance of treatment

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| Name: | Date of birth:  |
| Address: | Phone number: |
| Mobile phone number: |
| Email address: |

Preferred method of contact: Phone call / Email / Text message:

Please note the main issue(s) you’d like help with:

Please give a brief overview of your medical history (operations, chronic illnesses, anything requiring on-going medication):

Please list all medication you regularly take:

Do you have any on-going issues you’re working on with your doctor?

Please email this form to jean@holistictherapies.me.uk

# *Thank you!*