Jean Webb Holistic Therapies

# Questionnaire in advance of treatment

|  |  |
| --- | --- |
| 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](mailto:jean@holistictherapies.me.uk)

# *Thank you!*