

CONTACT DETAILS

art for soothing
& strengthening

Name:

Address:

Email:

Mobile:

Health

Please let me know of any health conditions you have that might affect you while you are here

Please let me know what I need to do to assist you should you become ill:

☐

Call an ambulance?

☐

Call your doctor?

NAME _____

Phone _____

☐

Call somebody?

NAME _____

Phone _____

Please let me have the name and number of a contact person, in case of **an emergency**

If you don't come to a scheduled appointment, and do not respond to a phone call or message from me, what would you like me to do?

☐

Nothing

☐

Call NAME _____

Phone _____