

Pebble and Stars Collective - Client Consultation Form

Full Name:

Mobile Number:

Email Address:

Address:

Date of Birth:

GP Name and Address (optional):

What would you like to focus on today? (e.g. stress, muscle tension, general wellbeing)

Do you have any current medical conditions?

Please list anything your therapist should be aware of:

(Note: Certain conditions may require adjustments to your treatment. Your therapist will be happy to discuss this with you.)

Have you had any medical procedures or operations in the last 2 years?

If so, please list them here:

Consent and Agreement

[] I confirm I have discussed my health and wellbeing with my therapist, who has explained the treatment, and I consent to receive it.

Yes / No

[] I understand this treatment is holistic and supportive of wellness, but not a substitute for medical care.

Yes / No

[] I agree to inform my therapist of any future changes to my health to ensure treatments remain

safe and appropriate.

Yes / No

[] I consent to my consultation details being stored securely and handled in line with data privacy regulations.

Yes / No

Signature: _____ Date: _____