

Date Received:

LIVING TREE THERAPISTS' PARTNERSHIP THERAPIES Medical History and Health Questionnaire

IN CONFIDENCE

This form will need to be completed prior to your Complementary Therapy sessions with The Living Tree Therapists Partnership. Complementary therapies work alongside medical treatments and can be a valuable aid to relaxation, helping to promote physical and emotional well-being.

Personal details

Name	
Address	
Postcode	
Contact Number	Email Address

Emergency contact details

Name	
Contact Number	Email Address

Are you the cancer patient?

Yes
 No

If you are a carer for a cancer patient, please give details of who you are supporting with cancer, or any other ways you have been affected by cancer.

CANCER HEALTH MEDICAL HISTORY

Cancer Diagnosis

Consultant / Oncologist Name

Cancer Treatment

<input type="checkbox"/> Surgery	<input type="checkbox"/> Hormone Therapy
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Immunotherapy
<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Other

Cancer treatment information and history

Please include details of your treatment so that we can make sure your session is appropriate for you.

Hospital Treatment Site

Side Effects

Are you experiencing side effects from your treatment?

- Yes
 No

Give details of side effects:

GENERAL HEALTH MEDICAL HISTORY

(Answering the following questions is optional, but may help our therapists understand your needs)

Do you have any allergies?

- Yes
 No

If yes, give details:

Bone and joint health?

Eg: Osteoporosis, arthritis

Give details:

Respiratory problems?

Eg: Asthma, COPD, Emphysema

Give details:

Digestive problems?

Eg: Stoma

Give details:

Heart conditions?

Eg: circulatory problems, angina, pacemaker

Give details:

Back neck or shoulder problems?

Give details:

Do you have any of the following?

High blood pressure Kidney problems Lymphoedema
Diabetic – type 1 Diabetic – type 2 Pregnant
Foot problems, eg: fungal, verrucae etc

Any other relevant health issues?

Please provide any further information here:

PATIENT CONSENT, COMPLEMENTARY THERAPY CONDITIONS AND PATIENT DECLARATION:

I DECLARE that the above information is correct and up to date and that I consent to receiving Complementary Therapies for the promotion of relaxation and well-being.

I agree that if possible, I will notify the therapist in advance if I cannot keep an appointment in order that someone else might have the session.

I am aware that The Living Tree cannot accept liability for my personal belongings.

Please confirm that you agree to the conditions set out above

Signature		Date	
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All information provided to us in this application will be in strictest confidence in accordance with current data protection legislation.

A copy of our Privacy Policy is available on our website.
www.the.living.tree.org.uk

Please tick here if you are happy for us to stay in touch with you and send appropriate mailings.

GDPR tick box

Please say how you heard about The Living Tree

Please email this form to LTTTP@thelivingtree.org.uk

June 2024
TC - Admin