

# Information Form for - Keith Farvis RCST BCST

If you have a printer, you can either fill this in digitally and print it or print it first and fill it in by hand. Bring it with you to your appointment. Otherwise I can give you a paper copy when we meet.

For a child, use **their** name and age.

Name:  Age:

Address:

Email address:

Telephone (preferably mobile):

How did you hear about me?

1. Reason for coming for treatment?

2. List any current medical conditions and any medication taken for them.

3. List any operations or procedures, including when they occurred.

Have you read, understood and agree to how I use your personal information as described in my Privacy Policy. It is online at <https://keithfarvis.co.uk/privacy/> YES

Whilst I, Keith, will take precautions against you catching Covid-19 or other illness while you are with me, that cannot be guaranteed. Do you accept this risk YES

Your Signature:  Date:

Thanks, Keith Farvis