



Client Confidential Information

Full Name:	Address:		
Telephone:	Occupation:		
Mobile:			
Email:			
Name of GP:	Surgery name and address:		
Current Medication:	Previous Medication:		
Contacts agreed:	Yes	No	Not asked
GP			
Consultants / Psychiatrist			
Other			
<p>By signing this contract, you are entering into an agreement for the services as agreed and detailed below:</p> <ul style="list-style-type: none"> • Cost – Private individuals £60 [per 60min session] • I understand that a cancellation without 48 hours may be charged for. • The conditions of confidentiality have been explained to me. • I have read the terms & conditions and privacy notice on the Affinity website. 			
Signature:	Date:		