



AILEEN PALMER HOLISTIC THERAPY

Unit 6, Portmarnock Town Centre, Strand Road, Portmarnock, Co Dublin

www.aileenpalmerholistictherapy.ie

info@aileenpalmerholistictherapy.ie

087 9256 333

Medical Disclaimer Form

Please read carefully and only sign if you are in full agreement with its contents

I _____ (client's name) confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant.

I understand that it is my own responsibility and not that of the therapist to consult my GP or Consultant.

I accept and understand that upon no occasion has the therapist advised me against taking any medically prescribed medication and his in fact advised me to follow the advice of my doctor(s) and cancer care team at all times.

I accept and understand that it is my own responsibility to inform the therapist of all medical conditions and medications and in subsequent treatments if anything is altered.

I accept and understand that this treatment can have no adverse effects on my health and any current or past medical procedures I hereby indemnify Aileen Palmer Holistic Therapy against any adverse reaction sustained as a result of treatment.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

