

Arden Forest Wellness

Informed Consent

Guest Details

First Name		Last Name			
Day of Birth		Month of Birth		Year of Birth	
Address Line 1					
Address Line 2					
Town/City					
Postcode					
Mobile Number					
Email Address					
Name of Next of Kin					
Mobile Number of Next of Kin					
Doctor's Name & Address					
Doctor's Telephone Number					

Current Health Conditions

Current Medications

I confirm that I have had the therapy procedures and major risks explained to me by Arden Forest Wellness, that I understand these risks and elect to undertake the therapies at my own risk and I agree to hold Arden Forest Wellness and its staff harmless and assume all liability and responsibility for my decision to undergo any of its therapies.

I warrant that I have declared to Arden Forest Wellness all relevant medical conditions which I, in consultation with my medical practitioners, believe may affect my safety and that I have declared anything which I reasonably consider would affect my suitability for the therapies.

I agree to hold Arden Forest Wellness harmless for any claims not limited to efficacy or results of therapies, loss or damage, liabilities or costs, illness, injury, accident and/or death or any outcome that may occur.

I understand that the vitals screening carried out by Arden Forest Wellness are not meant for diagnosis, but for my suitability to participate in the therapies.

I agree to inform Arden Forest Wellness of any changes to my health or medications before every session.

I agree that If I am using any therapy for the intention of treating a pre-existing medical condition that I have informed my medical practitioner beforehand and that if I choose to undergo any therapy with any flagged concerns, I will assume all associated risks with this procedure and hold Arden Forest Wellness harmless.

I acknowledge that Arden Forest Wellness follows strict guidelines on therapy safety and forbids the use of unapproved objects or practices whilst undergoing any of the therapies and that I will follow the instructions of Arden Forest Wellness staff during all therapies.

I agree that in an emergency Arden Forest Wellness may at their discretion contact any or all of the emergency services, my doctor, or my next of kin and follow their instructions.

My Signature.....

Date.....

Arden Forest Wellness agrees to hold all your data in confidence and within the Data Protection Act and General Data Protection Regulations.

On behalf of Arden Forest Wellness.....

Date.....