MEDICAL EMERGENCY PROVISION FORM

Clients Name: **Therapists Name:**

Date of Birth:

NHS Number (if known):

Medical Condition:

How long have you had this condition?

Current medication:

How does the medical emergency manifest itself and do you get any warning signs?

Should this medical emergency occur – what help is required from me?

Note: Your reflexologist will check they are legally allowed to administer any medication requests and will follow advice given by the 999 services

At what point would you want me to call 999?

Anything you would like the medical professionals to know?

Who should I contact - emergency contact number

I am the client/ responsible for the client (delete as appropriate). I give consent for the above plan to be enacted in case of medical emergency associated with the condition named above.

Signed:

Date: