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| **Therapy 4 Healing** **Beneficiary Referral Form** | T4H Long.jpg |

**Please fill in using BLOCK CAPITALS. If you are unsure how to complete, please ask your GP to help you. PLEASE SEND FORM BACK TO info@T4H.org.uk or T4H Head Office, 120 Stanstead Road, Forest Hill, London. SE23 1BX**

**Personal Details**

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**GP / GDP details**



**Please tick the box if you suffer from any of the following conditions:**



**Disclaimer**

I agree to receive treatment from the therapists under T4H or their partners:

|  |  |
| --- | --- |
| Signature: | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |

NB. Your confidentiality is maintained at all times