

# Setting up and Maintaining an Effective Private practice

## Appendix 6

### Client Details and Agreement Form

Your personal details

Your full name	
Your home address, including post code	
Home phone number	
Work phone number	
Mobile phone number	
Email	
How do you prefer to be contacted?	
Your date of Birth	

Your doctor's details

Doctor's Name:	
Name of the general practice:	
Address of the general practice	
Phone number:	

My agreement

By signing below I agree that I have read and understood the Client Information Sheet that I have received, and that I agree to abide by the Terms and Conditions contained therein.

In addition, I give my permission for [PUT YOUR NAME HERE] to make contact with the appropriate agencies if he/she believes I am a danger to myself or to others.

Your signature

\_\_\_\_\_

Date

\_\_\_\_\_