

Date:

Consent for feedback/ market research:

I \_\_\_\_\_\_ am willing/ not willing to be contacted in future, for feedback & market research purposes. Integrative Health Consulting is an innovative model of care which includes a thorough holistic assessment, treatment plan & patient - centred support. You may wish to revoke your consent for feedback at any time. If so, please notify reception.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

We thank you for you participation.

Invitation to Health