

Declaration of consent

Client's Name:

I have read and agree to the "Health Questionnaire" document.

I agree with the following:

My dossier is stored electronically in an external, secure server.

The invoice will be sent to me by e-mail.

The therapist is allowed to talk to the following people about my state of health or therapy information: (please mark correctly)

- Family doctor
- Physiotherapist
- Chiropractor
- Doctor:

remarks:

place,date and signature