



## Restore Voice Coaching

### Client Consent & Intake Form

#### 1. Client Details

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

#### 2. Medical Information

Please list any relevant conditions, injuries, or medications:

\_\_\_\_\_

\_\_\_\_\_

#### 3. Vocal Health

Do you use your voice professionally? \_\_\_\_\_

Occupation: \_\_\_\_\_

Current vocal concerns: \_\_\_\_\_

#### 4. Consent

I confirm I understand the nature of vocal massage therapy and consent to treatment.

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

Date: \_\_\_\_\_

#### 5. Data Protection (UK GDPR)

I consent to my personal data being stored and processed in accordance with UK GDPR and the Data Protection Act 2018.

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

Date: \_\_\_\_\_

*Restore • Refresh • Revive*