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**DATA PROTECTION**

In order to get the most out of your visit to The Garden Retreat I may ask you some questions. They may include:

* What is the purpose of your visit today?
* Are there any problems I need to know about?
* What lifestyle considerations should I be aware of? (Time available, leisure activities, work restrictions etc.)
* Are there any other treatments you would like more information about?

All information is recorded to make your treatment bespoke to your needs; all information is completely confidential and will not be shared with a third party.

I may send you information to keep you informed of policies, procedures and promotions via email. Would you like this information sent to you? **YES/NO**

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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