

Registration Form - Family OPEN ARMS PROGRAM

Client Details

First Name:..... Surname:

Date of Birth: Gender:

Phone (mobile): Email:.....

First Name:..... Surname:

Date of Birth: Gender:

Phone (mobile): Email:.....

First Name:..... Surname:

Date of Birth: Gender:

Phone (mobile): Email:.....

Address:

Emergency Contact

Emergency Contact (If different from above or write 'As Above'):.....

Relationship:Contact number:

Current GP Contact Details

Dr:Contact number:

Medical Practice:

Cancellation Policy

Cancelling or rescheduling an appointment without 1 business days' notice or failure to attend an appointment attracts a cancellation/non-attendance fee which will be charged to OPEN ARMS. OPEN ARMS will cover 2 cancellation/non-attendances within your current approved sessions. Any further sessions cancelled or missed will result in your file being closed and you will need to go back to OPEN ARMS to arrange further sessions if applicable. We offer a text reminder as a courtesy to our clients; however, you are responsible to keep track of these appointments as sometimes SMS messages fail to deliver.

Acknowledgement

I acknowledge that the information contained on this form is true and correct. I also acknowledge and agree to OGI Potential's cancellation policy.

Client Name:

Client signature: Date:

Client Name:

Client signature: Date: