





## Amatsu Centre

Stephan J. Grabner  
Amatsu Physical Therapy  
Amatsu Practitioner MATI MBRCP MChA  
 [www.amatsucentre.com](http://www.amatsucentre.com)

## Contact Information

 07710 285 104  
Clinics in Cardiff, Abergavenny & Hereford  
029 2108 0848 & 01873 240 812  
[stephan@amatsucentre.com](mailto:stephan@amatsucentre.com)

# Client Registration Form 201806

**Name:**

**Date of Birth:**

**Occupation:**

**Address:**

**E-Mail:**

**Phone:**

**Mobile:**

**Are you taking any medication? – which ones - what for?**

**Reason for Treatment:**

**How long have you had it?**

### Amatsu Centre

Amatsu is a whole body physical treatment.  
We don't treat the symptoms, we look for and treat the cause.





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**When is it noticed?**

**What makes it worse?**

**What makes it better?**

**What are your expectations from the treatment?**

#### STATEMENT AND CONSENT OF CLIENT, DATA PROTECTION AND CLIENT CONFIDENTIALITY

I declare that all the above given information is true and to the best of my knowledge. I confirm that I do not have any infectious disease and I agree to inform the practitioner should my health condition change or deteriorate.

I am aware that Amatsu does not replace diagnostic test and treatments available from my Doctor, the National Health Service or private medical care. I agree to retain my Doctor as my principal healthcare provider, consulting them as appropriate. I understand that I must consult with my Doctor before reducing or withdrawing any prescribed medication.

I understand that Amatsu uses touch and mobilisation. I consent to the Practitioner holding and moving my body to facilitate the treatment.

I agree that Stephan J. Grabner, in accordance with the GDPR may hold and process the personal data in this form and any other data relating to my treatment. All information will be strictly private and confidential. Should consultation or referral be necessary, the Practitioner will obtain the client's permission before disclosing any information.

I understand that failure to keep an appointment or provide more than 48 hours notification of cancellation will result in the full fee being charged.

Signature:

Name (print):

Date:

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