THE HEALING TRUST

CLIENT INCIDENT REPORT

(CONFIDENTIAL)

There will be times during a healing session when certain information must be noted and kept with the client's records, for example, when a client volunteers that they are ill or a healer suspects they are unwell and they are advised to see a doctor, or if it becomes evident to the healer that the client needs urgent medical or psychiatric help. Mandatory disclosure may also be necessary **(see Section 85 of the Code of Conduct)**.

Use this form to record these incidents or any other significant incidents, for example, an accident. This form should be returned to the Office with all other forms after the session, to be stored with the client's records.

Healing Centre Name:			
Client First Name: *BLOCK CAPITALS*		**Client Last Name:** *BLOCK CAPITALS*	
Healer First Name: *BLOCK CAPITALS*		**Date:**	
Full Details of Incident:			
Client signature:		**Date:**	
Healer signature:		**Date:**	
Centre Chair / Manager Signature:		**Date:**	

CONFIDENTIAL