

## **Holistic Centre Patient Record**

<b>Date of Service:</b>	<b>Time:</b>
<b>Client Name:</b>	
<b>Modality/Treatment/Service Provided:</b>	
<b>Business Address:</b>	
<b>Business Licence Number</b>	
<b>Practitioners Name:</b>	<b>Licence No.</b>
<b>Practitioners Signature:</b>	

**The keeping of this record is a requirement of the City of Toronto Municipal Code, Chapter 545, article XI, Subsection 545-173.**