*This form is designed to help arrange a suitable course of hypnotherapy and/or NLP. All answers that you give are treated in absolute confidence. Please be as honest as possible when giving your answers. Thank you.*

Name:

Full Address:

Post Code: Phone (home)

Mobile email address

Preferred contact method: Home phone ⬜ Mobile ⬜ email ⬜ (If mobile, is it ok to send texts)? ⬜

Date of Birth: Gender:

Marital Status: Single ⬜ Married ⬜ Divorced ⬜ It’s complicated ⬜

Occupation:

Medication currently taking (if applicable)

Have you ever been diagnosed with any of the following? Epilepsy ⬜ Depression ⬜ Bipolar ⬜

Psychosis ⬜ Schizophrenia ⬜ Other (Please State)

Do you have any fears or phobias? Yes ⬜ No ⬜

If so, please tell me about them:

Previous Hypnotherapy? Yes ⬜ No ⬜

Was it successful? Yes ⬜ No ⬜

**Please give me your reason for wanting Hypnotherapy/NLP: *Please tick as appropriate:***

Insecurity Spiritual Lack of confidence Worry

Appetitive Afraid to go out Stress Religious

Cannot cope Sleeplessness Sexual Verging on nervous breakdown

Business Phobia Personality traits Relationship

Upset Grief Guilt Habit

Pressure Suicidal Homosexuality Friendship issues

Anger Confusion Psychological fear Problems

Do you have a problem that is not listed? Yes ⬜ No ⬜

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen a GP in the last 3 months? Yes ⬜ No ⬜

If yes, what was it for? ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any known medical illness? Yes ⬜ No ⬜

Have you described your symptoms to your GP? Yes ⬜ No ⬜

Client Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellations** – 48 hours must be given when cancelling an appointment of the full session payment will required. By signing above you are agreeing to this.