

INTAKE FORM

Please complete this form. All information is strictly confidential

Last Name (please print) _____ First Name _____

Middle Name/s _____ Today's Date: _____ / _____ / _____
(Day / Month / Year)

Street Address (please print) _____

City _____ Country _____ Post Code: _____

Mobile Tel No. _____ Work Tel No. _____ Home Tel No. _____
(Please include any relevant country codes/prefixes if you are not normally resident in the UK)

E-Mail Address (please print): _____
(Note that your e-mail address, along with all other details will remain strictly confidential nor will it be used for any kind of marketing)

Sex (please circle): M / F Occupation: _____ Date of Birth: _____ / _____ / _____
(Day / Month / Year)

Marital Status (please circle and add any additional notes if you feel they may be relevant):
Married / Divorced / Widowed / Engaged / In a relationship / Single / Other

Have you ever been treated for (please circle): Diabetes / Epilepsy / Heart Disorder / Digestive Problems

Have you ever been treated for an emotional problem or clinically diagnosed condition (e.g. Clinical depression, schizophrenia, bulimia or anorexia nervosa): Yes / No (please circle)

If Yes please give a brief description: _____

Have you ever been hypnotised before? Yes / No (please circle)

If Yes please give a brief description: _____

What do you want to accomplish through the use of hypnosis (only make a brief statement here as a full interview process will be done with you by the hypnotherapist): _____

Any previous efforts to solve this problem? Yes / No

Method? (brief description only) _____

Results? (brief description only) _____

Do You have any fears or phobias? (please describe if Yes) _____

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis and stress reduction processes and techniques for the purposes of vocational or non-vocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

Signature: _____ Date: _____ / _____ / _____
(Day / Month / Year)

Name I liked to be called: _____