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| **CONFIDENTIAL- This information will be kept in the strictest confidence. This information will only be disclosed if the client is at the risk of harming themselves or others, or if in the rare event it is subpoenaed by a court of law.** |
| **Client History and Intake Form** |
| What has brought you here today?  |
| How does this issue negatively impact your life? |
| What are you wanting to achieve from the hypnotherapy?  |
| **Client Name:** |
| **Best Contact Number: Next of Kin:** |
| **Email:** |
| **Person and Contact Details:** |
| **Address:** | **Postcode:** |
| **Healthcare/pension Card:** | **Expiry:** |
| **Occupation:** | **Country of Birth:** |
| **Date of Birth:** | **Age:** |
| **Relationship Status:** | **Partner Name:** |
| **Children’s Names /Ages:**  |
| **How did you hear about this service?**  |
| **Doctor’s Name: Phone:** |
| **Is Dr. aware of visit?** 🗖 Yes 🗖 No **Consent to contact if required?** 🗖 Yes 🗖 No |
| **Health History:** If you have suffered from any of these, please provide details: |
| Heart problems | Blood Pressure |
| Breathing/Respiratory (inc Asthma) | Epilepsy/Seizures |
| Cancer | Skin Disorders |
| Arthritis/Joint | Panic/Anxiety |
| Headaches/Migraines | Diabetes |
| Stomach Ulcers | Gastrointestinal |
| Depression | Fear/Phobia |
| Obsession | Insomnia/Sleep |
| Allergy | Chronic Pain |
| Fatigue/Tiredness | Psychological issues |
| Fertility Issues | Other |
| **Have you ever seen a counsellor, psychiatrist or psychologist? If yes, details:**  |
| **Details of past/present relevant medical conditions, hospitalisations or surgery:** |
| **Reasons for current medications/remedies (vitamins included):** e.g. blood thinners, blood pressure, high cholesterol, etc.  |
| **Lifestyle History:** |
| **Smoker?** How many a day? How long? |
| **Alcohol:** Qty: Beer Wine Spirits |
| **Caffeine:** Qty:Tea Coffee Other  |
| **Recreational Drugs (details):**  |
| **Exercise:**  Frequency/details: |
| **Dietary/eating issues:** |
| **Have you ever been hypnotised/studied yoga/meditated?** |
| **Other relevant information:** |
| **The above information is true and correct.**Any information discussed in these sessions will be confidential. All records are secured in a confidential manner. Confidentiality is of the highest priority, however, (therapist) is ethically bound to disclose any information arising in a session relating to potential and/or serious self-harm of the client, or potential serious harm to others. On very rare occasions information and /or records may be subpoenaed by a court of law. **Signature: Date:** |