

Client Details

Please complete this form (All information is strictly confidential)

Title		First Name		Surname	
Address:					
Postcode		Mobile		Landline	
Email Address					
D.O.B		Age			
GP Name					
GP Address					
Allergies					
Medication					
Do you currently suffer from any mental health issues?	(Please give details)				
What issues do you want to resolve					
Have you previously had any kind of therapy for the same issues?					
<p>I am willing to be guided through relaxation, visual imagery, creative visualisation, hypnosis, and stress reduction processes and techniques for the purpose of self-improvement. I understand that the hypnotherapy, Neuro-Linguistic Programming (NLP), or TimeLine Therapy™ I am receiving is not a substitute for normal medical care and I have been advised to discuss this therapy 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 General Practitioner for treatment of any new or old illnesses. I accept that I may be asked to participate in exercises which may/may not be comfortable for me, and I fully accept that these exercises are for my benefit, and will accept treatment with an open mind.</p>					
Signature				Date	
1st Session Date					
Notes (Office Use Only)					