

## Client Details

Please complete this form (All information is strictly confidential)

<b>Title</b>		<b>First Name</b>		<b>Surname</b>	
<b>Address:</b>					
<b>Postcode</b>		<b>Mobile</b>		<b>Landline</b>	
<b>Email Address</b>					
<b>D.O.B</b>		<b>Age</b>			
<b>GP Name</b>					
<b>GP Address</b>					
<b>Allergies</b>					
<b>Medication</b>					
<b>Do you currently suffer from any mental health issues?</b>	(Please give details)				
<b>What issues do you want to resolve</b>					
<b>Have you previously had any kind of therapy for the same issues?</b>					
<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>					
<b>Signature</b>					<b>Date</b>
<b>1<sup>st</sup> Session Date</b>					
Notes (Office Use Only)					