PRIVATE AND CONFIDENTIAL

Consent Form

Please answer the questions below and return this form to your therapist:

Client's name:
Date:
Address:
Contact Telephone Number:
Age:
Marital status:
No. of children:
Hobbies/interests:
Occupation:
Symptoms:
Duration of symptoms:
Previous treatment for this problem:
Fears and phobias:

Compulsive habits:

Do you suffer from asthma or allergies?

Have you ever suffered from depression?

Have you suffered from epilepsy in the last two years?

Have you ever had treatment from a psychologist/psychiatrist/therapist ?

If yes please provide details:

Have you been hypnotized before?

Where did you hear of this practice?

☐ **Local Directory**	☐ **GP**	☐ **Radio**
☐ **Friends/Family**	☐ **T.V.**	☐ **Other (Please state):**

Current state of health:

Are you currently taking any drugs/medication:

Details of any major operations:

Doctor's name and address:

Consent to hypnosis:
Signature: Name (Printed): Date: