

Client Case History

This form is designed to gather some background information about why you are seeking hypnotherapy. It is confidential* and will be used to plan the most effective therapy approach for you. Please complete this form as fully as possible and bring it with you to your initial consultation. Please continue on separate sheets as necessary.

YOUR CONTACT DETAILS

Name:	Telephone:
Mobile:	Email:
Address:	

ABOUT YOU

Date of Birth:	Current Age:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Occupation:			

ABOUT YOUR HEALTH

Have you ever been diagnosed with or treated for clinical depression? **Yes** **No**

Are you currently taking any medication prescribed by your GP or other doctor? **Yes** **No**

Details of any medication you are taking (including over the counter medications):

Name and address of your GP:

WHY ARE YOU SEEKING HYPNOTHERAPY?

Please give a brief description of the problem(s) that you are seeking hypnotherapy for:

Client Case History (Continued)

BACKGROUND HISTORY & INFORMATION

How long have you had the problem(s)?

When did the problem(s) first start?

Have you previously tried any other medical or therapeutic approaches (including hypnotherapy) in relation to this particular problem?

Please describe what you wish to achieve from hypnotherapy:

Have you experienced hypnotherapy before for any other problem? If so, please give details:

Please include any other information that you feel may be relevant here: